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PROVINGS OF AZADIRACHTA INDICA.

Calcutta 28th June 1882.

AZADIRACHTA INDICA—Syn—Sanscrit—*Nimba*, Bengali and Hindi—*Nim*. Belongs to the Natural order Meliacæ. It is a large tree. Bark is used for making tinctures from which provings are instituted. Every part of the tree is intensely bitter. It is used for medicinal purposes by the people of this country.

I —P. C. Majumdar, æt 34, sanguine temperament.

At 4 P.M. one drop of the 1x was taken. There was no perceptible change. At 7 P.M. there was pressure on the side of the left chest.

29th June. At 1 P.M. two drops of the 1x were taken. At 2 P.M. there was slight giddiness as if the head were moving to and fro. At 3 P.M. a little uneasiness is felt, the eyes are burning, slight chilly sensation, obliged to put on a shirt, headache, pressure in the head increased by moving it. No thirst, breathing warm, flushings of the face. After 4 P.M. glowing heat is felt all over the body, palms and soles burning hot, At $6\frac{1}{2}$ P.M. sweating commences in the forehead, gradually extending towards the trunk. No sweat in the lower part of the body. Pressive pain in the right eyeball. No thirst but mouth dry and clammy, water has relish. Burning sensation throughout the whole body at night, sleeplessness and tossing in bed.

30th June. Four drops at 6 A.M.; slight chill at 1 P.M., and burning of the eye. Little crampy pains sometimes in the

epigastric region and sometimes in the lower part of both chest. Mistakes in writing and spelling words. Vertigo very little but mind dull. Great heat at 4 P.M., but after an hour profuse warm perspiration on the head and chest. Great malaise throughout the day. In the evening, urine scanty and high colored and scalding. Bowels rather constipated, very sleepy but cannot sleep owing probably to heat and burning of the body. Burning of the eyes continued throughout even the next morning. Appetite very acute and keen. Aching pain in the hepatic region extending upwards as far as an inch above the right nipple.

1st July. Two drops of 1x at 2 P.M. Pulse accelerated, glow of heat and burning throughout. Bowels very much constipated, stools hard, small and knotty. Very troublesome cough after bathing at 1 P.M., sputa white, in small lumps expelled with but difficulty. Pain and pressure in the nape of the neck increased by bending the head back. Slight vertigo on sitting up. Very copious perspiration at sunset. The fingers of the hand seem large and thick, when clenching the fingers upon the palm, a sensation of pain and pressure is felt. Urine scanty, high colored and scalding.

2nd. Four drops of the 1x at morning. A few hours after a general malaise, crampy pains in the thigh and leg, shooting in the knee-joint especially the right, unwilling to walk about. Very intense headache, throbbing of the temporal arteries, throbbing in the vertex aggravated by stooping. Eyes burning, dull and heavy. Pain in the eye increased by slightest pressure. Sighing, breathing at intervals, want of air, transitory stitches in the chest here and there, especially in the right side. Want of strength in the upper extremities. Slight hoarseness. Cough with greyish expectoration. Slight difficulty in deglutition, especially water and meat. Very great thirst for large quantity of cold water. Pain and debility in the nape of the neck. Bruised feeling in both the hypochondriac regions. Constipation, stools hard but natural. Flatulent rumbling in the bowels,

passing of much offensive flatus, great uneasiness in the abdomen. Slight chill at 4 P.M., but great and long continued heat. Glow of heat throughout the body, face flushed, profuse perspiration. Sound sleep in the night. Taste good but mouth clammy and bitter.

3rd. Ten drops of the 1x at 7 A.M. Vertigo on the back of the head. Forgetfulness. Aching, drawing and throbbing pain in the whole head. Scalp is painful and sensitive to touch, even the hair is painful. Flushing and heat in the face. Eyes red, congested and burning, slight coryza. On the sides and surface of the tongue a painful burning sensation is felt as if scalded, papellæ seem to be enlarged and prominent. Putrid taste in the mouth. Very great thirst at long interval. Painful pressure in the upper part of the chest. Difficulty in deglutition is less than before. Cough with slight thick, white sputa. Short dry cough now and then in the afternoon. Twisting pain in the epigastric region. No tenderness in the abdomen. Clutching pain in the umbilical region, obliging to bend forwards, which affords some relief. Urgency to go to stools, which are hard. No satisfaction after stool. Urine high colored. Sexual desire a little diminished. Abdomen a little distended, passing of offensive flatus. General malaise, pain and soreness in the extremities. Gnawing feeling in the leg. Strength of the hand diminished. Very great prostration. No desire to go out and walk about which fatigue much. Itching of the skin felt on various parts of the body. Very sleepy all day. Sound sleep in the night, but now and then disturbed by dreams of beating and quarrel in the latter part of the night. At 4 P.M., burning heat of the palms and soles, thirst, copious sweat at sunset less than before. A peculiar cracking sound is heard in the ears like tickling with a feather which is increased on opening the mouth.

4th. Twenty drops of 1x at 6½ A.M. Vertigo at 10 A.M., reeling on either side on rising after sitting, mind inactive, could not think or remember names of persons very familiar

or what has been done in the previous day. Headache intense, pain in the whole head. On walking, pain is felt in the back part of the head. Running of watery fluid from the nose. Eyes and face red, mouth clammy, saliva coming out which tastes salty. Cough very troublesome to-day, thick, white, lump of expectoration which is tasteless. Deep breathing at long intervals. Great weakness. Painful tension in both the hypochondria. Stool copious, soft, semi-solid (probably secondary action). Another stool of the same kind two hours after *i.e.*, at 1 P.M. Urine white, clear and copious (secondary). No burning in urinating. Rheumatic pains in the lower extremities. Hyperœsthesia of the nerves. "Pins and needles" in the feet. Fever heat very slight. Copious perspiration. Itching of the skin of various parts of the body. There is no eruption. Sudamina on the back.

5th. Slight chilliness. Itching of the skin continued. Ten drops of the 1x to-day.

6th. Fever less. Profound debility. Bowels regular. Twenty drops.

II.—U. C. BAGCHI, aged 24, of a nervous and irritable temperament.

28th June. No symptoms were present.

29th. Feverishness with slight chill. Fever commences from 4-30 P.M., and abates from 7-30 P.M. Profuse perspiration, attended with cold body. Headache, especially on the right side, with much pain, vertigo. Pulse quick and hard.

30th. Headache with much pain on the right eye-ball. Burning sensation of the palms of the hands and soles of the feet. Breathing very rapid and hot. Numbness of the limbs as if the limbs are paralysed. Dreamy and interrupted sleep. Pulse feeble and hard.

1st July. Feverishness with pain in the right hypochondriac region. Headache aggravated by moving. Mind depressed and forgetful, loss of memory, anxious.

2nd. Feverishness with a little chill. Frontal headache, especially on the right side, aggravated in the open air. Profuse perspiration after the remission. Mind depressed and weak. Pale countenance. Bowels constipated. Sound sleep. Pulse very quick. Two drops a dose, twice a day.

3rd. Violent headache, immediately after taking the medicine. Mind depressed and full of anxiety. Sense of pressure on the right eye. Breathing very rapid. Pulse feeble. Bowels a little constipated. Urine high-colored. Ten drops a dose.

4th. Fever with a little chill. Headache, with pricking pain on both the sides. Violent pain in occipital bones. Headache aggravated by using the wet compresses. Burning sensation of the eyes. Coldness of the lower extremities. Urine of strong odour (once with purple sediment.) Mind, very forgetful. Bowels as usual. Ten drops a dose.

5th. Fever with chill. Headache especially on the right side. Buzzing in the ears. Profuse sweat. Bowels as usual Ten drops a dose.

6th. Fever with headache. Face flushed, eyes red and sunken. Numbness of the hands only, (especially right hand.) Pains in the bones generally. Heartburn and water-brush, uneasy sensation in the thorax and bowels. Diarrhœic stools. Great excitement of the male sexual organ. Mind weak and dull. Pulse weak. Twenty drops a dose.

STUDY OF MATERIA MEDICA.

Notes on Spigelia Anthelmentica.

It is a valuable medicine, useful in many cases. I have recently had occasion to test its curative properties in diseases which were otherwise proved rebellious to medicinal agencies. It has been used by the ancients for the purpose of expelling intestinal worms and hence its name. To Hahnemann's mind it appeared to be a precious remedy, so he instituted provings

upon healthy human being with the intention of ascertaining its real physiological action. He recorded the result of his proving in the fifth volume of his "Materia Medica Pura."

It is a very powerful and efficacious remedy in diseases of the central organ of circulation, the *heart*. In both organic and functional diseases of the heart it is of great value. Here it vies with Aconite and Digitalis. Pathogenesis of this drug points rather towards the inflammatory lesions in the Peri and Endocardium. "Violent stitch on the left side, just under the heart, recurring periodically; stitch is so violent as to arrest respiration. Dull stitches, synchronous with the pulse in the region in which heart's impulse is felt. Violent pulsation of the heart, audible to the patient and visible to the bystanders." These are very remarkably exhibited in cases of Pericarditis. I have observed the clinical verification of this in an interesting case under my care in the month of December, 1881.

A young man of spare built, active and very nervous, had an attack of fever with very intense pain in the left side of his chest. I gave him three doses of Aconite 3x every two hours. This gave him no relief. I carefully examined his chest and found nothing particular. The pain, he said, was a fine stitch, increased by deep inspiration and change of posture. Bryonia 6 every two hours produced no very good effect and the patient was in great distress. I was summoned. He was screaming and crying, very restless. Action of the heart tumultuous, visible to me, difficult and labored respiration, almost verging on to suffocation. Pulse small and frequent. On a careful physical examination of the heart, I distinctly perceived the pericardial friction murmur, there was no very great dullness on percussion, action of the heart was very violent but rhythmical. The patient's countenance was anxious and careworn. There was a little perspiration on the forehead and the fever seemed to be a little abated. I prescribed Digitalis with the view of calming the action of the heart and thereby soothing pain. But my expectation was doomed to utter dis-

appointment. Three hours after I was informed, though fever was less, there was no amelioration of pain and suffering. This time Spigelia 3x was given every hour. After taking two doses the patient was so much relieved of his pain that he slept for two hours. Medicine was now given at longer intervals. In my next examination of his chest, the Cardiac friction murmur was too much reduced. In two days the patient was in a position to resume his seat upon a chair. This is distinctly a case of organic disease.

I believe in neuralgic affection of this organ, Spigelia may prove an invaluable medicine. Even in cases of Angina Pectoris a fair trial of Spigelia is advisible. It may not be out of place here to remark that Angina Pectoris is a true neurosis, but often associated with some structural diseases of the heart. In these latter kinds of cases I think it worth our while to try Spigelia. Dr. Russel is a great advocate for the use of this remedy in cases of Pericarditis and Dr. Byes in the inflammation of Endocardium. I have another case of Pericarditis in an adult man having a very strong and robust frame of body in 1879. He presented the following symptoms—intense sticking pain in the Pericardial region preventing rest, sleep and respiration; palpitation on slight exertion which also brought on an aggravation of pain, temperature high, pulse small and frequent, friction sound was audible in the Pericardium, breathing difficult and painful. A few doses of Spigelia 6x produced marked improvement. I have administered Spigelia in a case of valvular disease of the heart, occuring in a student æt about 25. This happened in in the year 1880. It produced some improvement. His suffering was abated and he is now enjoying a tolerably good health. I have examined his heart a few months ago, but still there is some evidence of his disease left.

Stitching, sticking and pressing pains are very characteristic of Spigelia in cases of Cardiac diseases. They are increased by motion, deep breathing and in the sitting posture. The sphere of action of Spigelia upon the nervous system is very important.

It is exerted on the treatment of Neuralgia, especially of the fifth pair of nerves. In nervous headache it has gained a high reputation. Dr. Dunham describes it as follows. "There are dullness, heaviness and pain in the head; the pain is much increased by shaking and jarring the head as when one walks, and especially by a false step, by coughing or sneezing, by moving the facial muscles, by speaking aloud or by any loud noise as well as by touch or bright light (increased sensibility of the special senses); these things increase the pain so that it seems as though the head would burst. There is a disposition to press upon and support the head with the hand or to bind it around."

These kinds of headache are of every day occurrence in life, so in the treatment of headache, Spigelia must be first to be referred to. The following case from my practice will clearly point to cases where this remedy is appropriate. This case came to my hand in 1882. Babu J. N. Majumdar, æt 49, of a sickly and anxious appearance had had headache two years ago. Pain generally felt on the left side of his forehead. It spread in all directions, especially there was an acute pressing pain in his left eye. The headache was increased by stooping the head and by a least motion of it, relieved by a piece of cloth wrapped tight round the head, and by lying down, completely disappeared during sleep. But the patient said that the sleep was very much disturbed by the intensity of the pain. He could not speak or read a few lines or think about anything. In fact he became mad during headache. He was free from headache sometimes, it came to him periodically more in hot weather.

On referring to our Materia Medica I came to the conclusion that my case is a true picture of Spigelia headache; so I prescribed four powders the 3x dilution of it to be taken every six hours. Next day there was no headache at all, only three doses of the medicine were taken. Dr. Bœhr placed it in the front rank in the treatment of prosopalgia, but doubted its

efficacy in chronic cases. But here in our case it is decidedly a chronic malady and still cure was effected with a few doses of it.

I have almost nothing to speak of Spigelia as an anthelmentic, for I have no experience in this respect. The first reputation of the medicine is owing no doubt to its empirical use by the natives of South America. For this purpose our much reputed Cina supersedes it. In various nervous disorders and in the diseases of the heart, its place in the Materia Medica is almost unparalleled. It competes with Aconite, Digitalis, Cina and Bryonia. I generally get good effects of the medicine from the lower dilutions alone. P.

CASES OF CHOLERA CURED BY RICINUS.

By Brojendro Nath Banerji, L.M.S., Allahabad.

Though I read good deal of *Ricinus* in Hale's new remedies but my attention was drawn to this less known remedy by Dr. Salzar's letter in the Calcutta Journal of Medicine. Being prejudiced against *Ricinus* and successful with other well known Cholera medicines I did not think worth while to try *Ricinus* until I read of its success in the pages of this Journal. Dr. Salzar's recommendations of *Ricinus* did not commend to my judgement because never did I hear or see any choleraic stool from *oli Ricini* which is so extensively used as a purgative and for cooking purposes in many parts of this country. A grain of fact is worth more than a bushel of theories. In the last cholera epidemic of this place I tried *Ricinus in* 18 cases and was successful in 12. Perhaps I would have been successful in the other cases were it not for the fact that *Ricinus* was still, properly speaking, an untried and not clinically well proved medicine. It is for this reason I could not push it so well as I should have done in the case of other well tried medicines.

CASE I.

A. T., a musalman gentleman, a tehsildar of Cawnpore district, came down to Allahabad in a marriage party. Got diarrhœa on the 27th June 1883 and till the noon of 28th passed 21 stools. He did not like any medicines excepting rose water to allay thirst and severe vomiting. He thought (this thought also prevalent among people of these provinces but more especially among the mahomedans) the diarrhœa was doing him good, because the stools were hot and heat was coming out of the body. When I saw him in the evening of the 28th he was then pulseless, extremities cold, thirst, retching good deal but nothing coming out from the mouth, eyes sunken and congested, body ice-cold, without giving any other medicine I tried *Ricinus* 6 given every hour. After taking the 6th dose he passed a thin bilious stool. I saw him again at 3 A.M. After the bilious stool he slept for two hours. Pulse could be felt at the wrist, he felt hungry and scarcely complained of thirst. Stopped *Ricinus*, gave him sago-water. Next morning the patient was all right excepting retching which was troubling him since 6 A.M. A few doses of Ipecac 30 took away this troublesome symptom. Passed urine at 4 P.M. No more medicine was given.

CASE II.

A. T. Mitter, a student, passed several stools since the morning of the 1st July. In the evening when I saw him, he was passing stools involuntarily in his bed clothes, eyes sunken, pulse thready, body and extremities cold, there were good deal of cramps, passed no urine with the last 5 or 6 stools, was very thirsty, complained of burning of anus after the passage of stools, took three doses of Spt. camphor in the forenoon without any benefit. Prescribed *Ricinus* 6 every hour at once. On the 2nd July I saw him at 5 A.M. He could not sleep at all in the night, was very restless and thirsty, but did not pass any stool after the 2nd dose. No vomiting or cramps. Gave him two

doses of Arsenic 3. Saw him again at 3 P.M. The patient sleeping now, complained of thirst, did not pass any stool or urine—but at all restless. Gave Cantharidis 3 every 2 hours. 3rd July. The patient was somewhat delirious, no stool, no urine, answered questions when very loudly spoken with great reluctance. Gave Opii 3 every two hours. Passed two stools after three doses with large quantity of fœtid urine. Still very drowsy. Continued Opii, 4th July much better, no drowsiness, asked for food. Gave him sago and Ac. Phos. 2x.

6th July no more complaint except weakness.

CASE III.

A. K., a christian boy, aged 4 years, suffering from cholera since the night of the 27th June 1883. I was called to see the child on the morning of the 28th when I took the following notes :—

Child comatose, passing involuntary stools of rice water color and vomiting and retching almost every two minutes, no cramps, no urine, extremities and body ice-cold, eyes sunken, very thirsty. Gave *Ricinus* 6 every hour. Four doses stopped purging and vomiting. At 5 P.M., when I saw the child a second time, the child was more comatosed than in the morning, eyes blood shot, head hot as also the body, extremities ice-cold. gave Bell. 3 every hour, and ice to the head. 29th. The child in the same state, no urine. Bell. and Teribinth 6 every hour alt. In the evening the child passed a good quantity of urine and the partial reaction or partial preternatural rise of temperature in the head and body now spread to the whole body, so that the child was now suffering from fever of a very low typhoid type. Temp. 104 2. Pulse soft and thready, respiration 48 per minute. Passed a very fœtid muddy colored stool. Instead of much drowsiness there was a good deal of carphologia and subsultus tendinum and loquacious delirium. Rhus Tox 6 every 2 hours. 30th. much better, can now recognise his parents

but the color and smell of the stool still are much the same, 6 stools. 1st July. Last night he sucked his mother's milk good deal, so the diarrhœa and vomiting returned with great force. *Ricinus* 6th again, took away those symptoms like a charm. Four half hourly doses were required only. In the evening Acid Phos 2x was prescribed. 2nd July Ac. Phos. every 6 hour and this was continued for three days, 3 doses each day.

This case is very interesting. *Ricinus* cured all the cholera symptoms in the beginning and again very effecting when the relapse took place. Again, the preternatural partial elevation of temperature which is a very—very dangerous symptom of reaction in cholera infantum, also tided over. I take this cure a wonderful one. Seldom have I seen recovery in such cases. This preternatural partial elevation of temperature is almost always a fatal symptom. Guernsey has described this symptom, so has Eberle and Churchill, But no author on disease of cholera has shown the fatal nature of this symptom. I have already expressed my opinion on this very important symptom which many overlook, in a paper entitled, Notes on "Cholera Infection" published in the Calcutta Journal of Medicine of July 1883,

(To be continued.)

HOW SHALL WE FEED A CHILD WHEN IN A STATE OF INANITION?

BY T. C. HUNTER, M.D., WABASH, IND.

It is perhaps safe to say that the immediate cause of want of nutrition is failure of the digestive organs. The child is hungry, eats ravenously and more than enough to supply nature's wants, but it does not digest or assimilate its food. It is not necessary to describe the symptoms of inanition to this society. Let us suppose we have a healthy, well-developed child. After a while it begins to be fretful, has colic, and passes green

stools mixed with white, curdled matter. Here is a case in which the "scientific regular" and his lazy homœopathic imitator administer "something to quiet the nerves," "to procure sleep," and "to check diarrhœa." This is very *scientific*, and is also very apt to result in a long bill from the doctor, followed by one from his successor, the undertaker.

The strict homœopath prescribes carefully for the symptoms. The child is benefited, but not cured. Both have failed in their highest usefulness because they have not discovered the cause and removed it. What *is* the cause? In the great majority of cases it is the use of unsuitable food. If the child is nursing you will need to turn your attention to the mother. What are her habits? What does she eat? Is her digestion good? What is the quality of her milk? You will pretty surely find something wrong. Rectify it if possible; if not possible advise weaning. What will you substitute for the mother's milk? Cow's milk is the next best food that presents itself. Next comes the selection of the cow. The milk of only one cow should be used. The calf must not be older than the child. The cow should be healthy and not too old. The regimen of the cow should be inquired into. If she is in pasture ascertain whether she has access to any noxious weeds or stagnant, impure water. If she is kept in the barn see that her food is of the proper quality to produce healthy milk. Next inquire into the care that is taken of the milk pail and the vessels in which the milk is stored. These latter should be earthen or porcelain; tin should never be used. See that the cellar in which the milk is kept is clean and well ventilated, as milk very readily absorbs impurities from the air. In warm weather milk is best kept in a trough of cold water or in an ice-chest. After the milk has stood two hours take off the upper one-third for the use of the child as that contains more fat and less casein. Then comes the question, how much water shall be mixed with it? and here, if you consult the authorities, you will be left in the fog. Human

milk sometimes contains more and sometimes less water and sugar than cow's milk, and always less casein and butter.

On page 96 of Duncan's work on *The Feeding and Management of Infants and Children* is given a table of the different constituents of human milk as compared with that of several animals. This table places the amount of water in the former at 890 parts in 1000, and in cow's milk at 860 parts, making a difference of 30 parts in 1000, or 3 per cent. (Duncan claims that the difference is more than 27 per cent., and refers to this table for proof. Either he is wrong in his arithmetic or I am.) According to this table we should add 3 per cent. of pure water to cow's milk to make it correspond to woman's. Yet there is great difference among authors on this subject.

Drs. Ruddock, Smith, and Moore advise equal parts of milk and water; Professor Steiner one one-third or one-fourth of water; Dr. Seibert believes that little or no water should be used; Dr. Duncan directs that to one part of the upper third be added two or even three parts of warm-water or barley water. Now, after reading all this, you don't know as much as you did before. Common-sense says that if you want to make cow's milk contain the same amount of water as human, you must add just what it lacks, *i. e.*, 3 per cent. Sugar of milk should be added to make up the deficiency in that article, which is somewhat less than 2 per cent. Cane sugar should not be used at all.

After the milk has been prepared, the nursing-bottle requires our attention. It must be kept perfectly clean; there must not be the most remote suspicion of sour milk or other impurity. It must be thoroughly washed every time it is used. It will not do to give the child a full bottle of milk at night, and leave it in bed with him. It must be prepared fresh whenever needed. This is no light task. It is always a difficult task to raise a bottle-fed baby, and a life may depend upon the faithfulness with which the above principles

are carried out. If the child dies there is always a suspicion of ignorance or negligence.

After we have done all this carefully, it remains to be seen whether the milk agrees, as one child will thrive on milk that will be surely fatal to another.

On July 2nd, 1880, my daughter was delivered of a healthy, well-developed child, weighing nine and one-half pounds. All went well for ten or twelve days, when, owing to sudden and severe illness of the mother, it became necessary to wean the child. Milk was procured from a suitable cow and properly prepared. The child soon began to fail, and the usual symptoms of such cases presented themselves. Medicines were faithfully tried, but without permanent good results. Another cow was tried, with the same result. Then a young Jersey cow from the country was obtained, and kept in the stable, and fed on the best food obtainable. A neighbour's child received milk from this cow and thrived finely, while my little patient continued to display that wistful look which so quickly excites our sympathies. It seemed to plead for the relief I was not able to give. I thought that milk was perfect, and would not give it up for a long time. I tried nearly all the formulæ of food known to the profession in Wabash, and also several patent preparations, as Anglo-Swiss, condensed milk, etc. Most of the physicians in the place were consulted and kindly gave me the best advice they could. Tonics, opiates, etc., were also recommended, but were declined with thanks.

On the day the child was four months old, it weighed just one pound less than when born. I then called in the venerable Dr. James Ford, a practitioner of fifty years' experience, who said that he had only one suggestion to make. I must go home with him and get some milk from his cow. I did so that evening, procured some of the milk and gave it to the child. She took it with great satisfaction, and soon went to sleep, and had a better night's rest than she had had in many weeks. The next morning she looked like a different child. I continued using the milk for one week, during which time

she gained one pound in weight. I then sought for a permanent supply, and was fortunate enough to find another cow that I thought would suit, and whose owner was anxious to dispose of surplus milk. Fortunately that too suited the child, who continued to gain one pound a week until she became a healthy, happy baby. No medicine was given or needed after the right milk was found.

In February, 1882, I had a somewhat similar case. A child five months old, that had been under "regular" treatment all its life, was in much the same condition as the one just described. I suggested to the mother that it would be well to try another cow, and to continue changing cows until the right one was found. The child, in addition to inanition, suffered from eczema. I treated the eczema according to the law of similars, and the child's skin was cured in a short time. The milk cured the inanition, and it is now a healthy child. The parents gratefully gave me the credit of saving the child's life, paid the bill cheerfully, and then went back to "regular" medicine.

The pathology of the inanition of infants is, I believe, as follows. The child, previously healthy, receives some food that it is not able to digest; the glands and mucous membrane of the stomach are irritated and congested; an excess of the acid secretions of the stomach are mixed with the food; the sour chyme passes into the duodenum in such state of acidity that the alkaline bile and pancreatic fluid are not able to neutralise it, and so it descends into the small intestines. The assimilative glands and absorbents are unable to use the sour chyme, and the whole canal becomes irritated and congested, and a green, slimy diarrhœa follows, with colic. This process is repeated from day to day until inanition ensues. The remedy *par excellence* for this is FOOD, and nothing else will answer. A child that is well cared for and fed on food that it can easily digest and assimilate is never troubled with inanition, but passes through dentition without trouble, unprofitable to the medical profession. *The Hahnemannian Monthly July 1883.*

NOTES.

EXCLUSION OF WOMEN FROM HOMŒOPATHIC MEDICAL COLLEGES.—The Homœopathic Medical College of Missouri gives notice that it will receive no more women matriculates. In the annual announcement the college gives no official explanation of its course. The Chicago Homœopathic College has also decided to admit no more women to its courses of lectures. This latter institution states in its announcement that "the Faculty has not the slightest feeling of antagonism towards women as practitioners of medicine, but believes fully in the aptitude of women for the study and practice of the medical art. In taking the present action the Faculty was careful to protect all the women it has graduated in all of their rights and privileges, and will always be glad to welcome back the college alumni to their old home, irrespective of sex." The Faculty then states as the cause of the exclusion of women from the college, the fact that "its women students, in order to avail themselves of material advantages (of the Cook County Hospital) were obliged to come in contact with from five hundred to seven hundred students from other colleges, whose students are exclusively males, thus placing them in an embarrassing position, which seriously detracted from the pleasure and profit which otherwise they might derive from attendance. Furthermore, there was not a single homœopathic college in the West to which the sexes were not admitted on an equality; and, as a consequence of this, many Western students passed by Western colleges and went East for instruction, where they could pursue their studies untrammelled and unembarrassed by the presence of the opposite sex."

THE ENCYCLOPÆDIA BRITANNICA ON HAHNEMANN.—Under the article "Medicine, in Vol. XV. of the Encyclopædia, Dr. Payne says of Hahnemann: "While thus rejecting all the lessons of morbid anatomy and pathology, he put forward views respecting the causes of disease which hardly bear to be seriously stated. All chronic maladies result either from three diseases—psora, syphilis, or sycosis—or else are maladies produced by medicines." (Organon, § 77.)

Hahnemann chose to distinguish between chronic and protracted diseases. But he did not reject all the lessons of pathology, as is clearly shown from the very theories that Dr. Payne quotes, the theories of psora, syphilis, etc. All he did was to put pathology in its proper relation to therapeutics

We are indebted to the Indian Medical Gazette for the following :—

TWO CASES OF POISONING BY TARTAR EMETIC.

By BABU BROJENDRO NATH BANERJEE, L.M.S,
Allahabad.

Two brothers aged respectively 10 and 8 years, took more than a drachm of Tartar emetic about half an hour after their morning meal. Their father was in the habit of taking soda every day after breakfast, and the boys were only imitating their father, but unfortunately they got hold of the bottle of Tartar emetic instead of soda.

The first symptom was vomiting about fifteen minutes after the taking of the emetic. Both the boys vomited almost simultaneously. They vomited without any nausea. The vomiting continued almost every 3 or 4 minutes for an hour and half. They first brought up food, afterwards a thin gelatinous substance. Simultaneously with the 6th vomiting the elder one began to pass thin dirty white stools. The younger one at first passed healthy formed stools, but with the 9th vomiting began to pass very profuse, thin mucous stools almost every 15 minutes. Both the boys became very prostrated. But the elder one, after a couple of hours from the first vomiting, became collapsed with coldness of the extremities. When I saw the children a second time, I found the elder boy pulseless, eyes closed, extremities ice-cold, body cold and perspiring to a certain extent. Could not speak nor protrude the tongue when asked to do so. There was a little gurgling noise in the throat perceived during inspiration, and constant dribbling of saliva from the mouth. He was lying on his side with livid countenance. Pupils normal, and responded to the stimulus of light. The younger one was not so extremely prostrated, though he passed a good number of liquid stools. He was lying on his back with eyes open and speaking well. He could put out his tongue and narrate his own case.

Chloric ether and bismuth were the only medicine prescribed. The younger child rallied soon, but the elder one began to improve late in the evening. They took the poison at about quarter to eleven. The younger child became all right by 6 P.M., and the elder one opened his eyes and asked for water long after 7 P.M. The only symptom that was noticeable in the night was a mild form of itching and sleeplessness. Both the children were all right next morning, and I found them well and playing about.

A STUDY of the distribution of the Calcutta death-rate according to the different wards or divisions of the town shows a remarkably low

death-rate for those parts of the town where sanitary improvements have been carried to greatest perfection. Thus Dr. McLeod instances 'Waterloo-street, Park-street and Fenwick Bazar Sections with death-rates of 12·9, 13·2 and 24 per 1,000, against Taltollah, Collinga and Hastings with 36·1, 37·4 and 41·7. The Cholera rates of these sections present contrasts similar to the general death rates. Or compare the suburbs, whose condition still very much resembles that of primeval Calcutta, with a death-rate of 53·8 against 31·3 for the town during the period 1870-81, and a cholera mortality of 7·1 per 1,000, against 2·9 for the town. Or place the 30 per 1,000, which represents the death-rate of Calcutta, against the 50 per 1,000 of Pekin, and I think you will admit that these data offer cause for thankfulness in the present and hope for the future."

JAUNDICE FROM AN ASCARIS IN THE BILIARY DUCT—Mr. Mallins, in *Lancet*, reports the case of an Indian officer, who was attacked with intermittent fever of a very mild type, but accompanied by a great deal of nausea and vomiting, followed in a few days by a decidedly yellow tinge of the conjunctivæ, and a week later by well marked jaundice. All food taken caused nausea, so that the patient took very little nourishment, and emaciated rapidly; he was ordered to take a change, and decided to return to Europe. Whilst in Bombay, waiting to embark, the patient noticed at stool one day that he passed a large ascaris lumbricoides, apparently dead, one end of its body to the extent of half an inch being of a deep green colour. The next day the stools began to exhibit a slight amount of normal bilious hue, and before he arrived in England convalescence was satisfactorily established. The case is remarkable, and it is very probable that the common bile-duct was obstructed by the worm having entered the duct, thus effectually plugging it and preventing the flow of bile.—*Lond. Med. Rec.*

THE Maharaja of Travankor, with his usual liberalty, has offered a donation of Rs. 6,000 for the establishment of a Scholarship, and the award of a gold medal annually in the Madras Medical College, to encourage female medical education in that Presidency. Nothing is done by any body towards Homœopathy in India. (Ed. I. H. R)

We are glad to learn that a COMPANIONSHIP of the Order of the Indian Empire was, at the last birthday distribution of honors, bestowed on Assistant-Surgeon Rai Kanilall Dc, Bahadur, late teacher of Chemistry, Campbell Medical School, Calcutta. (Ed. I. H. R.)

We have to acknowledge with thanks the receipt of the following :—

THE MONTHLY HOMŒOPATHIC REVIEW, *(E. Gold & Son London.)*

HOMŒOPATHIC WORLD *(Homœopathic Publishing Company London.)*

THE MEDICAL COUNSELLOR *(M. C. Publishing Company Mich United States America.)*

CALCUTTA JOURNAL OF MEDICINE *(Calcutta.)*

INDIAN MEDICAL GAZETTE *(Calcutta.)*

AMRITA BAZAR PATRICA.

BANGABASI.

BHARATI,

NOBOBIVAKAR.

SANGIBUNIE.

SHABOS *(Allahabad.)*

BIGYAN DORPAN.

Vaccinosis and Homœoprophylaxis, By J. C. BURNETT, M.D. *(Homœopathy Publishing Company, London.)*

Family Homœopathist by E. B. SHULDHAM, M.D., (E. GOULD & SON, *London.)*

Bhoisujia Bhander by BABOO RAM DAS CHUCKERBUTTY, Teacher Dacca Homœopathic School.

PUBLIC LIBRARY

THE INDIAN HOMŒOPATHIC REVIEW.

Vol. III.] FEBRUARY, 1885. [No. 2.

THE CALCUTTA SCHOOL OF HOMŒOPATHY.

It is now about two years that the Calcutta school of Homœopathy has come into existence. There are in the roll seventy-five students and lectures are given in English on the subjects ennumerated below :—

DR. P. C. MUZOOMDAR, L.M.S.. *Materia Medica and Therapeutics.*
DR. A. C. KASTIGIR, G.M.C.B., *Diseases of Females and Hygiene.*
DR. B. L. BOSE, L.M.S., *Practice of Medicine and Anatomy.*

That the school is doing some good to the community cannot be gainsaid. Homœopathy is now an acknowledged system of medicine in Bengal and the North-Western Provinces, but as our qualified Medical Practitioners instead of giving it countenance, do their best to keep it down, people who have faith in it are obliged to trust to their own imperfect knowledge when they require its help in their family. When they have mastered the practice to a certain extent many of them are seen to extend the field of their operation and dispense Homœopathic medicines to the poor of the locality and when called to do so, in the families of their

friends and relatives. It was in fact in this way that our system of medicine first proved its usefulness to the people of Bengal. Babu Rajendra Dutt, an educated and a rich citizen of Calcutta, became convinced of its superiority over the other systems of practice in vogue in this country, and at once adopted it as an Amateur Homœopath. His powerful intellect, combined with his large influence in Society did much to further the cause of Homœopathy in Bengal His successful management of many a complicated case after they were pronounced hopeless by the practitioners of other systems, induced some laymen to adopt it as their profession, and the names of our late lamented friend Babu Lokenath Maitra and a few others are instances as to how much our system owes to lay exertion for its present status in our country.

In the course of a few years a few qualified practitioners were also converted, but their number was too few to meet the requirements of the patients. This was an inducement to many educated laymen to adopt Homœopathy as their profession. Our much respected townsman named above trained a good many and sent them out to different parts of Bengal and the North-Western Provinces. Through the exertions of these men, our system began to gain ground in our country, but we cannot say that an unmixed good has been the result of their practice. The large and lucrative practice of some of the Pioneers was an inducement,

to many to take to Homœpathy for their livelihood, and at last our noble art was so far brought down from its high position that, every worthless man who had failed to make his mark in ordinary way, began to think Homœopathy not unworthy of his metal. When the Government Salt-Manufacturing Department was in existence in this country, it was known to be the lucrative field for all uneducated men of our country ; so much so that it became proverbial to say, in alluding to any dull headed boy, in any school, "O ! he will become a Daroga or a Dewan to the Salt Department and make himself a rich man." Now that this opening has been abolished, our worthy friends have favored Homœopathy by kindly consenting to advance its cause.

Of course by our above remarks we do not mean to cast any unmerited reflexion indiscriminately upon every lay practitioner of Homœopathy. We do believe that an intelligent and educated man can to a certain extent learn the practical portion of our art, but we do not believe that he can ever hope to become a perfect Physician.

The study of medicine does not mean the desultory reading of a few books pertaining to the subject. It consists in training the mind by a thorough knowledge of the collateral sciences, as well as by a proper study of books written by the best men of the profession to the required line of thinking. So that when any difficult problem in medicine requires to be solved, such a mind being in its accustomed element

can find the required solution correctly and without any loss of time.

Now our Calcutta school cannot pretend to impart that kind of education, which would enable a man to become a true physician. But it can, to a great extent, mitigate the evil that is sure to follow if all those, who have now resolved to adopt our system, are allowed to practice with all the knowledge that a few insignificant books can give them.

The school may be divided into 3 classes. The first class to consist of students who know to read and write English and possess also some knowledge of Anatomy and Physiology and other collateral sciences. There are many passed students of the Campbell Medical School who have an eye upon Homœopathy. We know of many who would be glad to join this class if the teachers know only how to make it respectable. The failed students of the Calcutta Medical College and if applied for admission, 3rd year class students of the Campbell school may be ddmitted into it. Lectures on Practice of medicine, Materia Medica and Clinical medicine should be the curriculum of study of these students. Of course the want of an adequate Hospital for practical instruction cannot be remedied. But we think something may be done in this line every morning at the clinique of every teacher to make up for this difficiency.

Of course we can conscienciously give our support only to this class; because it is our sincere

belief that we should not be injuring the cause of our noble system by allowing these students to practice. The other two classes that we are going to propose are to be tolerated only because we cannot help it. We as pioneers of Homœopathy in this country must also try to maintain the honor of our school. When it is not in our power to prevent uneducated laymen from adopting our system for their livelihood, we must devise some means to minimize the evil as much as is possible, which is likely to arise at the hands of these ignorant practitioners We must try to infuse into them, as much practical learning of our art as is possible under the circumstances. Therefore we propose to divide these students into two classes. The first (which is the second of our series) is to consist of those who possess a fair knowledge of the English language. At the present moment there are good many books to be had in this language which impart a tolerably fair knowledge of Homœopathy without using the technicalities of our science. These may be selected as the standard and the teachers too must make their teaching as devoid of technical terms as possible. Dr. Lauries' Domestic Medicine, 24th edition is the best, that we can recommend for the purpose. It is the teachers' duty to instruct them only in the practical portion, especially mentioning the diseases prevalent in our country. The second (the third of our series) is to consist of men who only know our vernacular. Of course in our opinion

none should be allowed to join this class who has not passed the minor examination of our vernacular schools, or a similar examination to be held in the school premises.

(To be continued.)

CLINICAL CASES.

BY

B. L. BHADURI, L.M.S.

Babu ——'s son, 3½ years age, of fair complexion, and tolerably robust make, got Diarrhœa in the middle of August 1884. He was treated by a *Kabiraj* but no good resulting, was given to my hands on the 23rd instant. The stools consisted of yellow watery mucus and was passed with discharge of wind; at the end there was some bloody mucus, aggravation in the morning. As the child had to go to stool the first thing after he got up in the morning, I began the treatment with sulphur 30 one dose. On the next day there was no visible improvement; the child had a sense of insecurity in the bowels so I gave him Aloes 30 the next day and continued it for a day or two in varying dilutions.

Finding no improvement the child was again made over to the *Kabiraj*. I had advised the father to give the benefit of change to the child after the disease was cured. The *Kabiraj* too was unable to do any good to the patient. In this way the first week of September was passed, but the child was becoming worse and worse. The father about this time was required to pay a visit to Benares, and he took the child with him. At night, while on the train the child was given as per advice of the native physician a certain sweetmeat prepared of a species of Cucumber known as *Kumraka Meetai;* but he was not apparently anything the worse for it; on the contrary on reaching at Benares he passed the next day a formed stool, which he had not done since the beginning of his illness. But the next day he again passed watery stools; his tongue became foul and the child had no inclination for

food. The stools soon turned into green and the patient began to pass 40 to 50 in day and night. He became very much prostrated and bed-ridden. Pulse very small and frequent. Fortunat ly I was present at Benares at the time and the father came to me to ask my advice. The father was a friend and I was obliged to take up the case again.

When I saw the child, he was drowsy, lying down apparently listless of what took place around him, stools watery and green, pulse very weak, gave him Podophyllum 6th, three times a day and then Mercury. In this way 3 or 4 days passed and the child was in a very critical position. On the morning of the 5th day, I took note of the case. The stools were green and watery, with now and then a few lumps of green mucus. The child was lying down, the stools were coming out unconsciously The stools were very frequent and the anal opening would not be closed after the stool. There were stools day and night, but there was evidently aggravation in the morning. I gave Apis 12 one dose and kept another dose to be given after 3 hours if the frequency continued as before. But at noon I was informed about the child's improvement. He had passed only 3 stools in 6 hours and the anal aperture was also closed. Advice was sent not to repeat the medicine. In the evening he was considerably better and as the color of the stool had not changed, the second dose of Apis 12 was repeated. In the night the patient enjoyed good and sound sleep. In the morning when he was seen, he was sitting on his mother's lap and was crying for food. He had passed one green liquid stool in the morning. One dose of Apis 30 was given and the stool became yellow and thicker in the evening. No more medicine was given and the child was cured in a few more days.

Babu————'s grandson, aged 2½ years had been suffering from Diarrhoea for about 11 days and was under the treatment of an Allopath, who had mainly depended upon mercury for his recovery. The case was in reality one of intestinal Catarrh and the child was also getting fever every afternoon. The

color of the stool was changeable and there was straining after stool. With the aggravation of the fever the stools would also increase in number. During the day he used to pass stools almost every hour; at night he would on an average pass a few more than those during the day. The child was very much prostrated. I began the treatment with a dose of Sulphur 12th morning and evening After the very first dose he began to show signs of improvement and the fever also became less. After a certain improvement the condition of the child became stationary. The stools decreased in number and the fever also to a certain extent lessened but nothing more. All the stools were now of green color and was also passed with some straining Taking into consideration the large quantity of mercury that was given I gave Acid Nitric 6th three times a day. There was no improvement and Merc. viv. 30 was afterwards given, but to no purpose. In this way some 4 or 5 days were passed without any visible improvement. About this time he became again suddenly worse; his fever increased as well as the number of the stools. Prostration also was very great. At first Phosphorus 30 was given and then Phosphorus 12th. There was, however, no change for the better. On my taking note of the symptoms the following were noticed.

Greenish, yellowish slimy stools;—Aggravation in the morning. Stools passed with considerable straining and the anus had also become very raw looking. The fever would remain whole day, and over and above that, it would begin to aggravate after evening. The feet became cold at the begining of fever, but no thirst or perspiration at all noticed.

I now gave him Apis 30 one dose morning and evening and the improvement was at once manifest. The stools began to be passed at distant intervals and the fever also became considerably less and of short duration. From this time the child began to improve every day steadily, though slowly. Apis 12 morning and evening was also given to him to complete his cure. In about a week more the child got rid of the fever and also began to pass formed stools.

I have found this disease (intestinal Catarrh) with fever of children, to be a very very obstinate disease. In spite of every other system of treatment the child goes on becoming worse and worse. Neither the Allopaths nor the *Kabirajes* can cope with this disease; and had it not been for our treatment, every child would succumb to the fell disease. Yet for a Homœopath the task is considerably difficult and a patient can be saved only if strict individualization is carried on in every case that is to be treated.

UNDER P. C. MAJUMDAR L.M.S.

Babu R. Datta, æt 27 years had gonorrhœa some years since, but was cured by some Allopathic injections. On the 25th December 1882 he had an attack of fever, consequently sought my advice. I was told that he had a very strong rigor lasting about an hour, then hot stage began. A strong suspicion arose in my mind that somewhere in the system an inflammatory lession has been going on. I examined all the important organs of the body and nothing discovered. Accordingly I prescribed *Aconite* 3 every three hours till skin becomes cool. On using the medicine whole day, perspiration broke out in the evening and he passed a comparatively easy night. On my visit next morning the patient complained of pain in urinating. The urine voided was loaded with some white matter. I advised him to show me the urine next morning. At night his pains became insufferable, fever came on with prolonged shivering. On my next visit I found out in the urine large quantity of mucus and some pus. There was no blood, the mucus being tenacious and of greenish yellow color. As the disease had its origin from gonorrhœa, the case being a sub-acute one and other symptoms corresponding *Cannabis sat* 3 was ordered three times a day.

The fever came on with much less violence, pains were a great deal mitigated. I advised the above medicine to be continued.

The patient was very much prostrated. I was told, he was all along an habitual drinker and used to come home late at night.

Sometimes he had minor urinery complaints. Medicine continued.

On the 16th January at night he had again a storng attack of fever with shivering, much thirst for cold water, restlesness. Pains and tenderness in the region of the bladder were very intense, urine voided in drops and with some tenesmus. He was bathed with profuse perspiration which afforded him no relief. On looking at the urine I found it was thickly loaded with mucus and pus. Very little urine left separate. I at once prescribed *merc sol* 3 trit every three hours. On the next morning the improvement was mervelous. The some medicine. He was every day improving.

In about a fortnight I found him almost cured. I saw him and advised him to discontinue all medicines, and he was gaining flesh.

After a week I was suddenly called. He was suffering from a severe pain in the region of the bladder, but in other respects all right. Urine natural, no fever, appetite good. On palpation over the bladder the patient experienced an intense pain and there was a little swelling and fluctuating sensation upon that part. I was in great suspicion whether it was an abscess in the abdominal wall outside the bladder, or in the cellular tissue around the bladder, which is called pericystitis. Although this latter is a very rare disease still it was true in my case. I was told that my patient attended his office during his convalescence and exposed himself to north-wind The tissues around his bladder were weak and irritated and therefore inflammatory action was prevalent there.

I gave him *Hepar sulph* 6 thrice daily and linseed meal poultice in order to hasten suppuration, as there was scarcely any hope of its resolution. There was an abscess—like protuberance over the abdominal wall which burst of itself and pus was evacuated. The patient was rid of his prrsent complaint in five days.

II. Babu K. C. L., had an attack of fever about the first week of November 1884. The fever is gradually assuming a remittent

type with some gastric disturbances. These kinds of cases were described by former authors as "gastric" or "bilious remittent" fever. Very little notice was taken of it in the beginning till it took the aspect of a low remittent type. It was a case some fifty miles distant from Calcutta and Homœopathic aid was not forthcoming. This gentleman is an early graduate of the Medical College and is practising in that town for about forty years, but laterly taken to Homœopathy from observing some marvellous cures by the new system. I was called to see a case of Enteritis in the same house, and on reaching there on the 16th November found his condition deplorable. His pulse was irregular, frequent and full, great restlessness, tossing about in bed, there was muttering delirium, great prostration, burning of the whole body, thirst not very violent, but water was thrown off immediately after drinking, there was retching, subsultus tendinum. I prescribed *Arsenic* 30 every hour. After using three doses of the medicine there was no perceptible improvement. I changed the dilution to 12th. The patient is getting worse till about 11 P.M. when he became pulseless, I intended to try the 1x, but suddenly the recollection of Dunham's 200 dilution came over my mind and I continued a dose every half an hour and watched the effect. Every member of the house was desponding, myself was in great agitation of mind, there being no help from a brother practitioner. In this dilemma. I kept a perfect tranquillity of mind. After using three doses of Arsenic 200, the case gradually becoming a little better. Pulse could be now perceptible, a glow of warmth came over the surface. There was perceptible improvement in every respect. The retching was very violent. The medicine was continued throughout the night, and in the morning there appeared natural sleep. Temperature was almost natural, being 99·5F. The question now arose whether *Quinine* should be given to check further paroxysm as it became evident, another attack might lead to amore serious consequence. However I gave him Eupat. Perf 3x every three hours and fortunately there was no fresh invation of fever and the patient gradually showed symptoms of renewed vigor and

conciousness. One of his relatives, being a graduate of the Medical College urged the necessity of administering brandy and other stimulating medicines and nourshing food, but the patient refused that, saying I have no appetite or desire, and if I at all take any, it would produce or aggravate violent gastric disturbances. So only barley-water was given and fresh cold water for thirst. I left the patient in a convalescent state after a stay of four days there.

HOMŒOPATHY IN SURGERY.

Gangrene or mortification is a process of destruction of the soft parts either in *mass* or molecular. It is a step in advance of the ulcerative process. It generally begins from inflammation, or more properly speaking, it is one of the terminations of inflammation. This is generally called *idiopathic* gangrene in contradistinction to that produced by injuries called *traumatic*. Besides, there are other varieties of gangrene described by the surgical pathologists as *acute* and *chronic*. In the chronic form the disease appears without any very particular cause, gradually and slowly developing, unaccompanied by inflammation or any other acute symptoms and suffering. We have frequently met with acute cases in our practice which run a very rapid course and is attended with a good deal of suffering and pain.

Among the *causes* we may mention the *predisposing* and *exciting*. Low state of the system, insufficiency of the heart, calcarious or fatty degenerations of the arteries; in fact all those conditions which tend to arrest or impede the free supply of blood to a part may be reckoned as to predispose a system to gangrenous distruction. In old age gangrene is a frequent occurrence; this is known as *senile* gangrene. Among the exciting causes are direct mechanical injuries, firm compression and ligature of an artery, pressure of tumour &c. Poverty of blood plays an important role in the production of this malady as we have frequently observed among the anœmic

patients suffering from malarious intermittent fever and its concomitant evils. Some drugs as *secale cor* have the power of producing gangrene.

Symptoms and course of the disease.——When gangrene takes place from an inflammation, the part at first becomes red, after a short time it assumes a blue tinge, next the skin is vesicular and cold, there is no firmness or tension, its natural elasticity is lost, there is a sense of crepitation under the finger on firm pressure. There is a surrounding redness of the skin, indicating that the destructive process may invade that portion also. Gradually constitutional symptoms are developed, high fever, headache, delirium, all sorts of pain, pulse small and frequent, extreme prostration and coma. But in favorable cases, temperature becomes normal, the gangrenous part assumes healthier aspect, a red line is seen round the border of the part which marks the separation of the diseased from the healthy part of the body. This line is called the *line of demarcation* which is very important to the physician. When this line makes its appearance there is no doubt that the progress of the disease is arrested, and soon there is fair chance of recovery. In some cases there is no discharge of any kind, but the part loses it sensibility, becomes dry and dies. This is *dry* gangrene. We have generally serous, fœtid and sanguineous discharge from the surface. The dead portion of tissue or slough is separated, leaving ulcerated surface which heals very kindly and in a short time. In old age and anœmic cases this reparative process comes on very tardily and often impossible to come.

Treatment.——In surgical therapeutics of this disease, numerous medicines are brought forward by eminent authors. But our experience tells us to name very few remedies of which the following deserve particular mention.

Arsenic—is very useful in this disease especially in cases of extreme prostration, the sudden attack, burning pain and in old and anœmic patients.

Lachesis—almost all the serpent poisons produce gangrenous destructions especially Lachesis, Crotalus and Cobra. The parts become blackish blue, surrounding brownish red areola (Allen), sticking burning pains. The parts are swollen. In suitable cases, Lachesis produces prompt and speedy cure without the help of any other medicine.

Secale cor—Toxicological effects show a decided dry variety of gangrene produced by this drug. We quote the following symptoms from Allen's Encyclopœdia. "The whole skin assumes a leaden hue, shrinks and wrinkles, and becomes insensible. The skin of the affected parts becomes leaden-colored and wrinkled, the vessels disappear, the parts gradually becomes numb and lose all sensibility, so that she can be cut and pricked without pain, or without blood flowing from the wounds. Petechial exanthema and furuncles on the lower limbs; outer parts of the limbs especially the fingers turn dark blue, become gangrenous and died altogether, the gangrene rapidly extended over other parts of the body, was not confined to fleshy parts but affected the bone so that often the gangrenous parts fell off. A slight eruption on the skin changing to gangrene, first on the toes and fingers, then rapidly extending over the arms and lower extemities, *gangrenous* blisters."

This is exactly a true picture of gangrene. We have lately verified these pathogenetic effects in an analogous case in our practice.

Case I.—A lady, æt about 45 years, of a thin sickly constitution, noticed one day a small pimple on the dorsum of her left foot. The pimple is very painful and having a dark red areola appeared a day after. An allopathic physician was consulted, who applied a strong solution of Nitrate of silver. The adjacent parts became invaded, swollen, of a dark red color. Then constitutional symptoms made their appearance. Pain increased, fever assumed a violent character. We prescribed *Arsenic* 30 every four hours. Temperature varying from 101° to 104° F. The swelling of the affected parts, increased, red assumed a bluish hue. *Lachesis* 30 and 12 were tried

without much amelioration of her suffering. Blisters were produced and the epidermis having been peeled off, a raw surface was visited. The deeper tissues were afterwards involved and a bad unhealthy looking ulcer was the result Charcoal poultice was applied. Though the dead parts were thrown off no line of demarcation visible. The lady was subject to irregular and scanty menses from her younger days. She being a widow no notice was taken beforehand. Failing with our much valuable remedies of gangrene and looking closely with symptoms and states of the patient, we decided a trial of Ergotin 3 trituration. Accordingly this medicine was administered thrice daily. The parts washed with Condy's lotion and charcoal poultice applied as before. A distinct line of demarcation was visible and the patient improved in every respect. In this case complete cure was effected within a fortnight.

Case II.—Babu—Ghose's sister, 40 years old, had been ailing from malarious intermittent fever for upwards of six months, but no enlargement of spleen or liver. During the course of her illness one day she noticed a pimple on the dorsum of her left foot. This pimple gradually became enlarged, pus being formed, burst of itself, and a little unhealthy ulcer was the result Around the ulcer there was a larger area of red zone visible which in two days undergone distructive process. In this way a true gangrenous desolution was going on and when she plabed herself under my care the gangrene spread as far as the lower third of the leg. I tried *Arsenic*, *Lachesis* and other medicines without avail. The disintegrating process was advancing very rapidly till at last the knee-joint was going to be involved. Fortunately at this juncture it struck my mind, that as the lady is profoundly anœmic and had been a victim to malarious fever it is better to try *Natrum Mur*. After having administered the medicine in the thirtieth dilution for three days twice a day, the line of demarcation was marked. It is noteworthy to remark that the improvement was conspicous everywhere; her appetite improving, red, crimson flush visible on her cheeks and she got a perfect recovery in a month

after the first improvement. It is altogether a remarkable case, and I find that such cases are cured and benefited by constitutional remedies alone.

NOTES.

Cholera makes its appearance in some parts of the town. The people of the town should take particular care in eating and drinking, especially purest water should be taken for drinking purposes. Fortunately the Calcutta Municipality has done much for the sufficient and pure supply of filtered water, and we heartily thank the energetic Commissioners for their vigilance and care for the population. Another new arrangement is made for ensuring perfect cleanliness, we mean the establishment of *bathing platforms* in various parts of the town, where people can use water for bathing and clearing clothes and utensils. We only urge the attention of the Municipal authority to take especial care that the supply of water, both filtered and unfiltered, would not fall short during the coming hottest season of the year, when plenty of water is absolutely necessary.

Homœopathic physicians of the metropolis should be on their alert for the ensuing emergancy. Every body knows that there would likely be an outbreak of cholera in this season and it is strong public conviction, that Homœopaths can cure cholera cases; so, much reliance is placed on their shoulder Every Homœopathic practitioner should make a careful study of every case that would come under his care, and report their experience in some homœopathic Journal We would be very glad to place on record such authenticated cases from practice.

This is also a season for the prevalence of smallpox. Vaccination has been busily pushed on for sometimes. We have seen some bad effects of vaccination in some cases this year. One healthy child in our neighbourhood has a very bad attack of Diarrhœa, but fortunately, we cured him. Another case of Dysentery immediately after vaccination. A lot of children are getting various sorts of skin eruptions. We are not

absolutely sure whether these are entirely due to vaccination. We know that the vaccinators and their superintendents are all very careful men and they perform their works most scrutinizingly, but still we see such bad effects. Let us remind them to enquire into the cause of these consequences. Is it owing to the defects of the virus or what?

Unfortunately we have famine in almost every part of Bengal at present. Deaths are reported in the newspapers from two causes either from the effects of starvation causing inanition or by inducing some fatal disease. Our Homœopathic brethern should exert their utmost to relieve the sufferings of these already famished people. We know that one of our energetic Homœopathic physician of this town volunteered to supply medicines and medical help gratis and offered his service to one of the famine officers if there is any need, but fortunately that help is not required.

Correspondence.

To the Editor of the Indian Homœopathic Review.

Sir

The rapid and continued advance of Homœopathic method of treatment is now almost an acknowledged fact. But still much may be wanting. In every part of the globe this new mode of curing disease has gained its footing through the instrumentality of private enterprise, and now in some countries it has secured Government support. I need not cite numerous instances to show that Homœopathy is superior to all other prevailing systems of treatment. Every intelligent observer and unbiassed enquirer will find it out himself by a careful study of the statistics collected from time to time.

In America, Homœopathy has made an unbounded progress during the last quarter of a century. From the report of the statistical branch of the American Institute of Homœopathy 1880 it appears that there are six thousand qualified

Homoeopathic physicians in the United States. There are 28 societies of which 17 are incorporated by the States. Of the 38 Hospitals, 30 reports 1682 beds which provided for 14958 patients, with a mortality of 367 about 2½ per cent. Eleven Homœopathic medical colleges are established, and instructed 1192 students of whom 387 were graduated last year (1879). There are 16 Homoeopathic Journals. This is of course a glorious picture. In Great Britain Homoeopathy is making a rapid and substantial progress. There are Hospitals and Dispensaries and the London Homoeopathic School. There are other parts of the world where Homoeopathic Hospitals are established and patients treated. In London alone there are about two hundred qualified Homoeopathic physicians.

But in India we see a quite different thing altogether. Though Homœopathy is now being appreciated to some extent but no public institutions are as yet established. In Bombay there are two Homœopathic Hospitals, one by public subscription and other by a philanthropic member of the theosophical society. But I am sorry to say there is nothing of the kind in Calcutta, the metropolis of British India. I know there are about a dozen qualified physicians practising successfully, but there is no union among them for the establishment of a Hospital here. Patrons of Homœopathy are not wanting. I have talks about it with many, and they seem to evince an earnest desire for such charitable purposes; but who is to exert for it? This is truly deplorable. Such personages as Drs. Mohendra Lal Sirkar, Behari Lal Bhaduri, M M Bose and L. Salzer may stand each as a guarantee. I hope they would heartily join in this noble cause of establishing a grand Homœopathic Hospital in this city. In Australia a beautiful Homœopathic Hospital has been established the other day by the zeal and exertion of a few practitioners. In every country of the world there are news of advancement and progress of Homoeopathy. Let us throw out our lethergy and apply ourselves vigorously for this noble cause.

Statistics also show that in particular disease Homoeopathy gains supremacy. This has been experimented in Viena and

many Hospitals of America. Below is a comparative result of Allopathic and Homoeopathic treatment. The following table is copied from An Introduction to the study of Homoeopathy by J. J. Drysdale, M. D. and J. Rutherfurd Russel M. D. of Edinburgh.

MORTALITY IN CASES OF PERITONITIS TREATED HOMŒOPATHICALLY.

Authority	*No. of cases.*	*Death.*
Fleischmann	105	3

4·76 per cent., or rather more than one out of every twenty-five cases.

MORTALITY IN CASES OF PNEUMONIA TREATED ALLOPATHICALLY.

Authorities.	*No. of cases.*	*Deaths*
Grisolle	304	43
Briquet	364	85
Edinburgh Infirmary ...	222	80
Skoda	19	4
TOTAL ...	908	212

Mortality, 23·32 per cent., or nearly one out of every four.

MORTALITY IN CASES OF PNEUMONIA TREATED HOMŒOPATHICALLY.

Authority	*No. of cases.*	*Deaths.*
Fleischmann	229	19

6·70 per cent., or about one death out of fifteen cases.

MORTALITY IN CASES OF PLEURITIS TREATED ALLOPATHICALLY,

Authority.	*No. of cases.*	*Deaths.*
Edinburgh Infirmary ...	111	14

Mortality, 12·61 per cent., or about one in every eight cases. From these facts our readers will judge the superiority of Homœopathy in almost all diseases.

Yours &c.

PRATAP CHANDRA MAJUMDAR, L.M.S.

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ANIMAL MAGNETISM AS AN AGENT OF CURE.

It is with utmost diffidence that we take up our pen to write on the subject of Animal Magnetism as an agent of cure in our present issue. Because in spite of the long period that has elapsed since its discovery and in spite of its acceptance by a large and intelligent public, the very men who should have taken more interest in it, we mean medical men of both the schools, have kept studiously aloof from it. And who says that medical men are not in want of more curative agents, though he be a Homœopath. Of course Animal Magnetism deserves our attention for other and certainly equally more important virtues that it possesses. But here we are particularly concerned with it as an agent of cure. We have not only had ample evidence in this direction from the writings of others such as Mesmer, its modern discoverer down to Leigh Hunt, but we have been satisfied by personal experience as to its usefulness in curing the diseases flesh is heirto. In our works on medicine both ancient and modern, the curative virtues of electricity and magnetism as generated by artificial

mechines and magnets are discussed with great minuteness, but the subtle fluid called the Animal Magnetism, especially that which is generated in the human body, medical men, with a few exceptions, have done very little to experiment upon and include it in the category of their healing agents. There is a consensus of opinion in the profession that the electrical fluid is the vital force of the animal organism; but that it is capable of being transfered to remove the diseases of other organisms, is a thing which it is rather slow to accept.

It is true our Profession from the vast responsibility hanging over it, should use utmost caution as regards the acceptance of any new doctrine, but in this instance we think we shall not be charged with exaggeration, if we maintain that we had been rather a little too cautious. The literature of Animal Magnetism that have accumulated since its discovery and the facts that are being added every day to it, ought at least to have roused the curiousity of our friends and led them enquire into its merits as a curative agent. But we are sorry that the appeal from the right quarters has been unheeded and the judgment that is passed ex-parte. We are especially sorry for our own school, who have also shown an equal amount of indifference if not more as regards this most important discovery of the age. From what we know of the force known as vitality and the efficacy of our dilutions in the cure of diseases, we should have been less sceptical as regards the curative virtue of this subtle fluid. Hahnemann believed in the

existence of spirit even in minerals and his method of preparing triturations and dilutions is simply meant to let this thing out and have it diffused in the substance of the vehicle of the drug. If we can believe in the curative virtue of our dilutions, we can not imagine why we should disbelieve in the existence of this agent in the animal body and the healing virtue that it possesses.

As regards our own school we cannot help strongly protesting against this indifference of our brother practitioners. The great help that it is calculated to render to our medicines in the managment of deseases attended with pain, should induce every Homœopath to develope this healing power in him. We had occasion to test its merits in this respect in a recent case of parotitis in a young lady. She was very restless at night on account of the pain and to enable her to go to sleep a few passes were given over the affected part. She went to sleep then and there and woke up perfectly relieved. The indicated medicine brought on resolution sooner than it would otherwise have done. In denying the efficacy of Animal Magnetism to cure diseases, Homœopths would place themselves just in the same predicament as the allopaths have done as regards the truth of our own system of medicine.

In our own country this healing of diseases by Animal Magnetism has been in existence from time immemorial. The charmed water that is so extensively used in the treatment of diseases of infants is nothing more than water charged with the Magnetism of the

healer. On good many occasions we have witnessed this mode of cure in our own family and in that of our friends. Even now when all the great discoveries of our ancesters have been well nigh forgotten, the cure of snake bites is invariably entrusted to persons who pratice cure by will force alone.

Last December while travelling by train at night my youngest daughter got a very troublesome Wryneck, aconite and cimicifuga gave her only partial relief. When we reached home she could scarcely walk on account of the pain. Hearing my arrival a relative of ours, a certain lady, came to ask my advice for otitis from which she had been suffering, she is reputed to be a good hand in curing stiff neck and my wife asked her to try her skill on my daughter. In spite of her own suffering she succeeded in curing my daughter after a few minute's practice. Another relative of mine now dead, was an expert in curing snakebites. At times he would cure cases that to ordinary eyes appeared passed all hopes of recovery He was a man of very great strength of mind.

Of course the real curatvie agents in these instances is entirely lost sight of and the success attributed to the incantations that are invariably used by the healers. As a proof of the truth of what we say, we must mention in this place, that it is a universal belief in our country that these formulæ do not succeed with every body indiscriminately who chooses to use them for the purpose of healing. But that there are certain individuals only who

can use them with success. The fact is that only those men who have this mesmeric power naturally developed can cure by these incantations. It is a well known fact in Animal Magnetism that there are certain individuals who are naturally gifted with this power than others, although by practice every body can to a certain extent, develope it in his person.

We are extremely happy to know that this subject of Animal Magnetism has engaged the attention of such an orthodox body as the college of Physician, and we doubt not that at no distant date, this subtle fluid, through the exertions of this Body will occupy its own place among the healing agents of our profession. Says Dr. Gregory "time is the best, perhaps the only cure for that tone or state of mind, which would unhesitatingly reject facts, alleged on respectable authorities, for no other reason than that they appear absurd, incredible or, in a vague sense impossible; or because the observer is utterly unable to account for them; or because they seem, if admitted, to contradict the notion entertained by the sceptics on certain other scientific points; or finally because they seem, at first sight to lead to conclusion adverse to, or inconsistent with the received interpretation of the Holy scripture, and to tend in the opinion of the secptic, to results unfavorable to morality."

Time alone established the doctrine of the circulation of the blood; time alone vindicated the truth of Dr. Jenner's vaccination. Time will also in the present instance remove the prejudice that now stands in the way of the acceptance of Animal Magnetism and the

phenomena that it gives rise to. There are certain minds, however, which nothing can soften, and they will remain ever enemies of progress. And anon impervious to reason and to such men we have nothing to say. But to such who are open to conviction and who are sincere enough to bow down before the validity of facts we address the following lines in answer to the objections raised against the acceptance of Animal Magnetism.

It is often said that the facts of Animal Magnetism are simply impossible and therefore incredible. Now the class of men whose argument does not go any further than this are simply guided by prejudic inconsiderateness. Sir Isac Newton the greatest genius that the modern age has produced, when speaking of himself confessed to his having been engaged in picking pebbles on the seashore, knowing scarce any thing of the vast ocean of truth that rolled at his feet. Only a man who has passed his whole life in the study of the natural sciences, can fathom the vastness of Nature and what a pigmy he himself is when his acquirements are compared with what remains to be known. There are many things in heaven and earth never dreamt of in our Philosophy must ever remain a meaningless adage with those whose minds are imbued with prejudice. Now to call a phenomenon impossible because we cannot account for them in accordance with the known laws of nature, betrays an amount of ignorance which is unpardonable. Our ignorance to account for 99 out of every hundred

phenomena that occur before our eyes every day ought at least to have made us little cautious in the expression of our opinions. There was a time when we ourselves called into question the efficacy of the infinitesimal doses of Homœopathy to cure diseases and there are many even now who can not be made to believe in this curative power of our dilutions. Thanks however, to the Sovereign Power of facts that, we were at last made to give our credence where our common sense as we then thought justly, at first revolted even to listen with patience. The repeated occurrence of these cures before our eyes and in cases in which we ourselves had failed to do any good whatever, at last led us to investigate into the merit of the new school of medicine. . . .

Then we found that certain results, under some given conditions invariably followed the administration of certain of the Homœopathically prepared medicines. Ere long we were satisfied that the infuntismal doses of Homœopathy did possess curative virtues.

So it would be with the phenomena of Animal Magnetism if rightly investigated. If we go to it with an unbiased mind, we doubt not before long every right thinking man will come to see them in their proper light and give them his credence. The acceptance, of the great discovery of Harvey was at first opposed by every scientist of Europe, but before his death, this greatman had the satisfaction of seeing his doctrine of the circulation of the blood adopted in all the great centres of education. Therefore the

first necessity in every instance is to admit facts as such and then time is sure to come when the laws to account for them will be arrived at after due observation and experiment. The facts of astronomy appeared incredible to many when first announced. But who is there to day who would at all care to give any attention to the objections that were raised at the time. Those who refuse to accept the fact of Animal Magnetism at the present day because they seem to them inconsistent with the known laws of Nature are only imitating the conduct of those who refused to look through the teliscope to convince themselves. Their wilful blindness, however will never change the course of nature and these phenomena will go on repeating themselves in spite of them.

Now anent these very laws of nature who knows that they will not have to be modified to account for new facts, as time goes on. We now know that the law of Gravitation is a great law of Nature and by its aid we can account for as to why a large body attracts to itself one possessing less number of molecules and why all object descend to the earth again when thrown upwards with as much force as we can imagine. But we know there is such a thing as levitation too ie the property by which an object moves away from the surface of the earth under certain altered condition. If any body doubts the occurrence of this phenomenon he has only to attend the spiritual seances of certain high mediums. Eglinton was observed to float in the air by many who attended the seances which he gave in Calcutta. A friend of mine,

since dead, told us at the time that he tried his best to check his upward motion, but he went up in spite of him and remained suspended (Eglinton) near the ceiling. There are men in India who have practised this feat and can keep themselves suspended in air for hours and hours. We have ourselves witnessed this in broad day light. We know of others too who can thus remain in the air without any support whatever. If gravitation were a universal law, how are we to account for this seeming exception? In fact we have arrived at very few laws yet which can be styled at once as universal.

(To be continued.)

A FEW PRACTICAL OBSERVATIONS.

In the treatment of diseases, both symptomatic and pathological, states are to be carefully observed. Dr. Richard Hughes in his presidential address of the International Homœopathic Convention held in London 1881, pointed out in an elaborate manner, the utmost necessity of depending both upon individualizing and generalizing modes for a successful management of a diseased condition. This has been observed by me in the beginning of the last year, in a case of Singultus.

It is a case coming under my care on the 8th of January 1884. He is a delicate-framed student aet. about 20 years. He had a high sounding hiccup for which Dr. Cayley was called in for three days without any benefit except that an occasional sleep was induced by hypnotic medicines as Hydrate of Chloral and Bromide of Potassium. I was consulted and on examining the patient I found no tympanitis but the whole abdomen as hard as stone.

No stools for the last seven days, an enema of castor oil and turpentine had been administered by the Allopathic physician to no effect; so he observed that there is no fæcal accumulation in the intestinal canal. Noticing the high soundedness of hiccup I at once prescribed *Cicuta vir*, 30 every four hours. Two doses had been consumed without any marked improvement of the patient's condition. Having had no effect from it I intended to call in the aid of my old and trusted friend *Nux vom.*, of which the thirtieth dilution was given every four hours. After taking the second dose my patient passed a well formed stool of enormous quantity. Another stool again after three hours, but no perceptible amelioration of hiccup which was still high sounding. I determined to try *Cicuta v.* 30 again which did its share of work nicely this time. There was no more hiccup and my patient got a good and sound sleep the whole night. He was more than once tormented with the disease and there was no sleep except that brought on by narcotics as described above.

Here I must remark in this case, that the intestinal canal was loaded and this pathological state was removed by *Nux vom.* but the finishing stroke was aimed at and directed by *Cicuta.* which was exactly a symptomatic simile of the case at hand. It is my firm belief that the case could not have fared better in any other plan of treatment. I was informed that this gentleman had a similiar attack in the previous year, suffered for a long time, and ultimately got round by a purgative.

2. One very peculiar condition was observed by me in case of cholera in the stage of reaction or sequalæ. The therapeutic indication of this condition is not satisfactorily pointed out by any author I know. I observed this in a case at Chorebagan where a Brahmin cook was attacked by this fell disease. He was treated homœopathically from the beginning of the attack. His progress, as regards purging, vomiting and other distressing symptoms, was very satisfactory. He had ultimately a strong

desire and ineffectual urging for urination. This desire grew more and more intense till it became insufferable. He sat up in bed to accomplish this but not a drop came out. *Nux vom.*, *Arsenic*, *Cantharis*, *Terebinth*, *Kali Bich*, and *Muscarin* were tried in vain. Typhoid symptoms gradually developed in a mild degree, probably urimic intoxication took place and the patient at last succumbed in a most agonizing condition. I got a similar patient at Burrabazar on the 2nd February 1884. It was a case of a robust young man aet. 35. He was at first treated by an Allopathic Doctor with Chlorodyne. He was improving under my treatment, the stools became bilious and much thicker in consistency, pulse perceptable, skin warmer. The same urgency for urinating took place, even a drop or two could be observed. Here typhoid symptoms are not marked but the patient sank into a state of slow decay. It must be said that in all these cases the best consultation that could be available, was had recourse to.

Another case took place under my observation at Shampuker. Here after the choleric symptoms were over, the little patient experienced the same urgency to micturation. But fortunately this case was cured by an eminent Homœopathic physician by the exhibition of *Nux Vom.* 200.

I reserve the remark of these cases to a future period when probably a more extended experience will give us some light both pathologically and therapeutically in this direction.

I have got a case of cholera at Chorebagan student's mess. He was as young man of spare built, aet. about 25. This case in its early stage was treated by *Verat. Alb.* 12, progressing favorably. Evacuations were nearly stopped when his pulse became fuller and stronger and eyes suffused. It naturally struck me that ordinary typhoid condition would supervene but it was not so. I gave him a few doses of *Belladonna* 30, and the patient apparently got well. But his tongue remained persistently dry and red, no redness of the eyes. He made water copiously and was very hungry, but finding the tongue preternaturally dry and

red I only allowed him sago in water. Day after day I observed the patient, but the state of affair remained the same. Moreover he was tormented with occasional hiccup and vomiting. Thinking of irritation of the stomach I gave him a dose of *Sulphur* 30, when to our surprise the next day a copious crop of urticarious eruption made their appearance all over the body with intense heat of the skin. Next morning the patient complained of intense pain all over the body but other complaints were abated. Tongue assumed a little moist appearance, and redness and glaze disappeared ; I gave him a dose of *Rhus Tox* 6 thrice daily.

Nitai Lal Mullick at Jorasanko, a young boy of 16 years, had an attack of cholera on the 5th March 1884. He was on the point of being cured when I found his tongue dry and glazed. This state remained for three days when finding a slow progress I gave him a dose of *Sulphur* 30. The next day a copious eruption of measles made its appearance. The patient ultimately made a perfect recovery.

3. In cases of sinuses and fistulæ external applications are often found injurious. Injections and syringing are decidedly so. We have found this in several cases where a perfect recovery took place by judicious internal medication alone. I have every reason to believe that these injections keep up irritation and tend to break down the adhesive process going on in the sore. In a case of sinus in the groin I observed a little hæmorrhage from the sore after every injection and this kept up the sore unhealed for three months. This case got well by a simple medication for a short time.

P.

CLINICAL CASES.

BY

B. L. Bhaduri, L. M. S.

I. Patient a young girl of 9 years had an attack of cholera, and usual medicines brought on reaction. Passed urine on the 3rd

day but instead of continuing to make progress as was expected, her drowsiness began to increase and gradually fell into a perfect state of coma. I was called to see the patient when she had already got rid of the cholera. I gave her *Opium* 6 every 4 hours for two days and gave her for food only Barley water. She was just the same and in no way better for the treatment. At last *Opium* was alternated with *China* at first in the 12th and then in the 30th. In two days she regained her consciousness and was all right in a few days.

II. A little girl aged 3½ years had an attack of cholera; the attending physician gave her Veratrum and she was cured of the cholera. Passed urine, but instead of improving became very restless. I was called to see her after the reaction had set in. The attending physician told me that she was doing very well the morning previous, but since yesterday afternoon she became worse again; when I saw, she was very restless, in fact she was tossing about in her bed and was lying mostly on her abdomen. Stools yellowish and watery, very thirsty for large quantities of water, pulse frequent and small, gave her *Rhus* 30 every 3 hours; towards morning she became quieter and slept soundly. In the afternoon she again became worse. Rhus 12 was given but without any benefit. The next day I heard that she had passed a very bad night. There was tympanitis and the patient was gradually losing consciousness. Suspecting the presence of worms I gave her a dose of *Cina* 200 and left instructions to administer a dose of *Nux Vom.* 30 in case the tympanitis did not yield. Saw the patient again at night and found her just the same as in the morning, gave *Arnica* 30 every 3 hours and left Opium 3 to be given in case the restlessness would give place to quietude without any adequate improvement in the consciousness. Saw the patient again at noon next day and was told that she had suddenly become very much worse and her pulse had also become very bad. *Opium* 3 was given and two doses of *Arsenic* 30 to improve the pulse. Opium was continued and she gradually came round.

III. Babu ————'s wife aged 13 years, is in the 3rd month of pregnancy. On enquiry I learned that four days ago a blood spot was noticed in the cloth so she was told to keep quiet in her bed. She was not allowed to bathe, but she vomited after break fast. She had some light food in the morning and passed the night well. In the next morning the spot was again noticed and some Allopathic medicine was given which contained Opium. She vomited the mixture and continued unwell the whole day. The night, however, was passed in sound sleep. The next morning she got up with headache and nausea; there was vomiting and retching the whole day and at times she almost fainted. She was also restless at night. On the morning of the 4th day she had a regular fit and became unconscious. At times she would become very violent and beat her breast with great violence, would attempt to get up, go out of the room and with great difficulty she could be restrained, could not be made to swallow the mixture (allopathic). She passed in this state whole day and night. Today she has been in the same state as yesterday. She has taken no food, in fact could not be made to swallow any thing on account of spasmodic attacks. But after an olfaction of Ammonia fumes she has just taken about ½ a seer of milk. In the midst of my taking this history, I was called to see the patient in a great hurry. I found her literally gasping for breath and in so doing she would open her mouth as wide as was possible with her. During inspiration a shrill sound was heard which made the relatives think that she was dying. The Doctor who was then treating her, was busy in rubbing Lin. Ammon. on the patient's chest. I was told to take up the case at once. It was then 7 P. M.

Stram. 3 for inhalation, in about half an hour she became quiet and I gave a dose of *Stram.* 12.

1 A. M. sleeping soundly and quietly.

No medicine. *Stramon.* 3 should be kept for olfaction in case spasms should again come on.

10th April 1885.

1 P. M.

In the morning a dose of *Stram.* 30 was given as she was reported to be yet unconscious.

Consciousness is now fully restored and she only complained of pain all over her body. The pulse is a little feverish.

A dose of *Acon.* 3 should be given if the fever should appear. Milk for diet.

11th April.

11 A. M., complains of some pain yet, no fever, she looks all right No medicine, one dose of *Aconite* was given yesterday as the fever had increased in the afternoon. The next day she was reported to be all right.

P. C. MAJUMDAR L. M. S.

IV. Cholera :——Babu Ram Chandra Ghose act 42 had an attack of cholera on the 29th April 1885. He came under my treatment with the following symptoms. Incessant purging and vomiting of rice water matter, violent thirst. I gave him water and he took a large quantity, there is cramp but not so violent, he complained of pain in the abdomen before passing stools. I administered one dose of *Verat. Alb.* 12 in my presence and left four doses to be taken after each stool. His friend came to me about three hours after my first visit and told me that the patient had only two stools since you left, so only two doses of the medicine were given. He urged me to see him again just now. I readily consented and on arriving there, I found him suffering from violent cramps of the extremities, insatiable thirst for large quantity of cold water which was immediately thrown off. Violent pain in the abdomen, pulse thready or scarcely perceptible, extremities cold, there was no perspiration, restlessness not very marked, though there was no actual tympanitis but abdomen seemed to be a little bloated. In fact the patient was worse than before. I gave him *Cuprum Met.* 12 every hour. I was informed at ten o'clock in the night that all the symptoms

were abated except vomiting and thirst, there was no stool since. No medicine was given in the night.

Next morning I found him better in ever respect, no urine and slight effort at vomiting, thirst very little. One dose of *Nux Vom* 30 was given. In the afternoon I was informed that his condition seemed to be worse, retching and thirst increased, in addition there was hiccup. I repeated one dose of *Nux Vom* 30 and one dose of *Cantharis* 6 to be given three hours after, if no improvement perceived. Both doses were administered in the night, no improvement. I visited the patient in the morning and prescribed *Sulphur* 30 one dose only. No urine but hiccup and retching a good deal abated. No medicine for three hours, there was no urine still, but there was slight ineffectual urging to urinate. *Cantharis* 30 two doses at the interval of three hours. No urine, symptoms of uremia showed themselves, eyes blood shot, incoherent speech (not much), restlessness, thirst, pulse full and accelerated. *Belladonna* 30, one dose, given. Much better in the morning, slight hiccup and tendency to urinate. Again *Nux Vom* 30 two doses the whole day. In the night I determined upon giving a higher dilution, for *Nux Vom.* was very strongly recommended by studying the symptomatology of my case. When I was informed at 10 P.M. that there was no amelioration and no urine voided, I gave one dose of *Nux Vom.* 200 to be given at once. The patient made water at 1 P M. with a small quality of yellowish semisolid stool.

Next morning I found him better in every respect. He complained of some appetite and I ordered arrowroot in boiling water. All along he got only ice or cold water and no diet whatever. I got help from *Nux Vom* in bringing about the functions of urination in another desperate case of mine at Burrabazar.

V. Lachrymal Fistula—Babu Hari Das Bhattacharji, about 30 years of age, and thin and slender, had been suffering from tearing of his eyes for more than three years. He was a compositor in a press, worked hard, and got, according to his description, an

inflamation of his eyes. He took various external medicines from a reputed allopathic occulist of this city without any avail. He informed me that his former medical adviser intimated him to perform an operation. For fear of being operated upon, he presented himself under my care on the 14th August 1882. I found his right eye red and watering, the tarsal edges and conjunctiva red and thickened. There was also induration of the opening at the canaliculi, but puncta remained pervious. On pressure, water and mucos running out of the eye. The other eye was not affected but a little congested. The lachrymal sac was rather enlarged and a little painful. I prescribed *Silicea* 30 twice daily He took the medicine for a fortnight and reported to me that he feels a little better. But no perceptible improvement observed by me. I discontinued the medicine for three days. On the 5th September he exposed himself on his way from the office and a violent inflammation took place. I gave him *Merc. Sol.* 3 thrice daily. In about a week his pains and suffering abated, but original disease remained the same. I told him to continue silicea for 3 weeks, once a day. In this way he took this medicine for sometime and improved much. His watering and mucous secretion diminished a great deal, so much so that none could discover any bad appearance of his eyes from a distance. The medicine stopped and *Sac lac*, one powder every day, took its place. He continued to improve. He thought he had got rid of his eye complaint. He did not present himself to me for two months. After this interval he came to me and informed me that a little watery pus came out from his eyes. I pressed upon the inner canthus of his right eye and a gush of water and white creamy substance resembling healthy pus came out. There was a fistulous opening. I told him to have patience in the treatment of this intractable disease. *Fluoric acid* 30 was prescribed one dose every third day. In this way he continued the same medicine and at the end of December, he was perfectly cured I examined his eye, and there was no vestige of his disease left.

NOTES.

Testimonial to the Editors of the British journal of Homœopathy viz Drs Drysdale, Dudgion and Hughes. The suggestions made in our leading article of November, that some public acknowledgement should be made to the above doctors by their colleagues of the sense they entertain of the eminent services they have rendered to Homœopathy, and in so doing to the art of medicine, should be made to them on the occasion of their relinquishing their editorial duties, was we are glad to know present to many besides ourselves when the announcement was made to the *British Journal of Homœopathy* had been discontinued, consequently before our article appeared, a small meeting has been summoned to consider what step should be taken to carry out the same idea.

This meeting was held at the house of Dr. Dyce Brown on Tuesday the 28th ultimo. There were present Drs. Hamilton, Engall, Yeldham Matheson, Carfrae, Galley Blackly, Lloyd Tuckey, and Dyce Brown and letters expressing sympathy with the movement and regret at their absence were read from Mr. Hugh Cameron, and Drs. Burnett, Pope and Roth. Dr. Tuckey was requested to act as Honorary Secretary.

I. It was proposed by Dr. Yeldham seconded by Dr. Blackly and, carried unanimously. "That some mark of recognition be offered to Drs. Dudgion, Drysdale and Hughes for their eminent services to Homœopathy in connection with the *British Journal of Homœopathy.*

II. It was proposed by Dr. Hamilton, and seconded by Mr. Engall. and carried unanimously: "That the recognition take the form of a presentation of a piece of Plate, and that subscriptions (limited to one guinea) be invited from members of the profession

Since this date between 50 and 60 gentlemen have signified their desire to be placed on the general committee.

A meeting of the committee was held on Thursday last at the hospital, the proceedings at which occurring so closely on our going to press, we are unable to publish this month. This is a matter which should need no appeal, but rather one in which every homœopathic practioner should be anxious to take part.

Monthly Homœopathic Review December 1884.

The summer Session of the Calcutta School of Homœopathy.—Will commence on the 10th of June next when the lectures will be delivered, on the following subjects. Materia Medica and Therapeutics; Principles and Practice of Medicine, Diseases of females and principles of general Anatomy and Physiology. The admission for new students will take place during the whole course of the month. Endeavours are being made for the clinical instructions of students on a better plan. We heartly thank the professorial staff for their untiring energy and unselfish exertion.

Liberty Versus Toleration.—The old allopathic code *forbids* consultation with any but members of its own school. The New York code *allows* consultation with any legally qualified physician. The homœopathic code acknowledges the *right* of each physician to do just as he pleases about it. The choice is, prescription, toleration, or liberty, that any self respecting homœopathist should accept the counsel of a New York allopathist, is to us incomprehensible, every New York homœopathist is the subject of a standing insult, put upon him by his allopathic neighbours. Had any tolerant and good hearted mother tendered to Roger Williams "the previlege of worshipping God just as he wanted to" the stanch old freeman would have kicked him out of Rhode Island as an enemy of human rights. He proposed to have his rights without leave, and he had them. An honest physician knows that he must bear the responsibility of his own cases, and, therefore, dares not submit to the dictation of a society in any matter concerning the welfare of his patient. His liberty must reach as far as his accountability, and, to that extent must be absolute. Hahnemannian. Monthly December 1882.

We have to acknowledgement with thanks the receipt of the following :—

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HYGEINE.

Our apology for taking up the pen to write on the subject in our heading is the extreme ignorance which our countrymen evinces in this most important branch of human knowledge. In the course of our practice scarcely a day is passed without our witnessing some instances of diseases, brought on by direct or indirect infringement of the most common rules of Preservation of Health. We are now bent upon giving up our ancient habits and customs which had been the outcome of thousands of years of experience, but we are sorry that our countrymen have not yet adopted anything which would serve the same purpose. For instance, the custom of sprinkling cowdung water the first thing every morning both in the inner and outer yards of our premises, we have given up as dirty and superstitious, but we have not substituted in its stead anything to meet the same end. It is however now ascertained that cowdung is one of the best antiseptics that could be used to destroy any disease-producing influence, and is most cheap and easily available at the same time. Our present system of imported education has only proved destructive; so far

as we can see, we have given up the old and primitive simple habits of our ancestors but have adopted only the worst ones of our European instructors. We are a poor people and cannot afford to live in the way that Europeans do. Their rich, costly and manner of living has no doubt been made to suit the requirements of health, but the simple and economical living of our ancestors too were conducive to the same end. The first requisite for the preservation of health is cleanliness, and cleanliness is godliness. Our Hindu way of living is not only the most cleanly but at the same time the simplest imaginable. But since we find a change from our simplicity inevitable on account of the new civilization imported from the west, we must try to make the best of it and adapt it to our national peculiarities. We can not introduce wholesale into our society the habits and customs of a country diametrically opposed to our own. That such a course will only land us in difficulties and dangers can very well be imagined from the mischievous results of those we have already adopted.

It is a fact which can never be gainsaid, that the mode of living of a people is invariably determined after long years of experience; and, instinctively as it were, the very habits and customs which are best suited to the place are hit upon and adopted. The way of living of the Hindus is the best that could be adopted in a climate like that of India, and we should do well to pause and think before we jump into innovations. Our dress and food are the best that could be devised for our climate and we can never change them without doing incal-

culable mischief to ourselves. It is true we can safely adopt the dress of the Europeans in winter, but can we possibly manage with such a dress in the hot season? The greatest comfort that we can enjoy in the hot season is to keep our body altogether bare. A dhuti and a chudder and at most a thin shirt, would be all that we could use with impunity. But the weightiest argument that we could adduce against the adoption of a costly dress, is the inability of the mass of our country to follow in the wake of our richer countrymen. In spite of the fall in the price of the English loom-produce after the abolition of the Custum's duties, the peasant class has not been able to dress in a better style. Moreover as the dress is the only visible sign of the nationality of a people, our upper class ought to be very careful in this matter of our choice of a dress. In any national gathering of the present day one can not fail to notice the incongruity in this matter of dress between the upper and lower strata of our society.

With all the advantages that money can bring to a European, he is as miserable with his dress in the hot season as could be imagined. With all his Punkhas, Khuskhus Tatties, Thermantidotes and ice, he leads a most miserable life indeed. But his common sense will never get the better of his self-conceit, and rather than enjoy comforts by submitting to the customs of the country, he would suffer all sorts of inconveniences by sticking to the paraphernalia of his cold country. As regards our food the same remarks may well be made as our dress. We can

never do away with our national food and enjoy the health that is ours. Our ancestors did very well without Beef and Mutton, and we can assure our countrymen that they will not be a whit the better for adopting the food of the Europeans. "A vegetable diet is for those who will think and live, and meat for those who will fight and die," is the saying of a great and wise man. Even beef-eating Englishmen have come to know the mischief of a diet composed mostly of the flesh of animals, and vegetarian societies are springing up among them on all sides. Dr. Sarah Kingsford says that had it not been for meat diet, we doctors would have very little work to do and that this mischievous diet is again the cause of the prevalence of strong drink among the Europeans. She truly says that "the way to the gin shop is through the butchers." The presence in the stomach of stimulating food creates an ardent desire for strong drinks and accordingly we find that the use of stimulating drinks has become a national institution with the Europeans. The habit of taking strong drinks again begets a hankering after meat diet. So that meat and strong drinks are mere twin brothers, and to indulge in the use of one is sure to create a hankering for the other.

Now we are sorry to be obliged to admit that with the progress of English education in Bengal we are fast forgetting our Hindu instincts, and both meat and strong drinks have become the fashion of the day. But now that a reaction is fairly visible in all parts of India in favoured our ancient literature and philosophy.

we hope our brethern of Bengal will soon awake to the necessity of relinquishing these mischievous practices. Be it said however to the credit of our brethren in other parts of India, that in spite of the progress they have made in Western learning, the above vices of the West have not been able to get any hold upon their character. Of course an unusual impetus for physical improvement (an evident reaction from our former apathy for physical development) has no doubt done much to introduce meat into our dietary. But we should not forget that in spite of their wholesale vegetable diet, our countrymen of the N. W. P. and the Punjab are in no way inferior in physique to any meat-eating population of the world.

TYPHLITIS.

It is also called *Cæcitis* because it consists of an inflammation of the *cæcum* and *appendix vermiformes*. The inflammatory process is generally situated either in the walls of the intestinal canal or in its interior ; but this latter seat has been objected to by various eminent authorities on the ground that, in that case, it may be truly an enteric process. We have seen several very serious cases of this disease in our practice and this led us to a careful study of this disease. It is of more frequent occurrence than generally supposed. In this paper we take a short review of the whole disease in its various clinical significations. There is another and very closely-allied pathological condition with which we are acquainted, and that is the inflammation of the cellular tissue around this portion of the intestinal canal. This is called *perityphlitis*. These two diseases are indiscriminately associated with one another, so that one description is sufficient for practical purposes in both conditions.

Ætiology.—The disease may be caused by those influences which produce intestinal irritation and subsequent catarrh; as for instance cold, hard indigestible substances, &c. Any foreign body, seeds and stones of fruits, impacted in this portion of the gut may induce inflammatory lesion in the cæcum. I may say, that worms may occasionally cause an irritation which often tends to produce inflammation. But this is very rare. The anatomical structure of this portion of the bowels is such as to tend to develope inflammation very easily from the slightest provocation.

Pathology.—This subject is so nicely described by Dr. Cowperthwaite in Arndt's *System of Medicine* that I think it better to give it in his own words. "The pathological changes may be essentially the same as those found in catarrhal inflammation of other portions of the mucous membrane. If this inflammation is limited to this locality and results from the irritation of a foreign substance, the action is intense, and ends in ulceration and consequent perforation. If this should occur on the posterior wall of the cæcum which is not covered by the peritoneum, the intestinal contents escape into the surrounding connective tissue, exciting inflammation, and resulting in the formation of a fæcal abscess.

This abscess may point and discharge externally, or a fistulous communication with the intestine will be established which either remains permanently open, or gradually closes and heals over. Sometimes this condition of ulceration involves the entire cæcum and appendix, converting it into a disorganized mass, with perforation directly into the peritoneum, exciting a rapidly fatal peritonitis or a local peritonitis with limiting adhesion, or also perforates the peritoneum resulting in an abscess. In the latter case the purulent collection sometimes makes its way downward under the Poupart's ligament, along the sheath of the femoral vessel; at other times it descends into the pelvis, and perhaps opens into the rectum; or it points directly over the crest of the ilium, or backwards towards the lumbar region

or in other directions, though it is most apt to present itself as a lump immediately over the site of the cæcum. This abscess may, according to its course, burrow largely and cause extensive nonhealing sinuses; or may discharge its contents at once, the orifice promptly healing over. Inflammation of the cæcum may occur without the presence of irritating products, and gradually assume a chronic form without ulcerative tendency. In such cases the inflammatory action may extend to the adjacent connective tissue (perityphlitis) which becomes thickened, and permanent stenosis results."

Symptoms and course.—The symptoms of this disease are very varied. There is pain or tenderness at the seat of mischief. In mild cases, there may or may not be fever but generally we have pyrexia. Gastric symptoms are often observed, colic, diarrhœa or alternate diarrhœa and constipation; stools are generally green, there is an admixture of mucus and blood not unfrequently met with, sometimes constipation is the rule and accumulated scybelæ are impacted. There is vomiting of bile, green masses, or only watery fluid. Gases accumulate in this portion and if not readily passed, cause various uneasy sensations amounting to pain in the bowels. Gradually the swelling increases into large mass. The patient cannot extend his thigh and leg but keeps them flexed towards the abdomen. In favorable cases symptoms abate and recovery takes place; otherwise local pain, and swelling gradually increase, fever is high, typhoid symptoms supervene, peritonitis may be developed. In fatal cases perforation and sudden collapse occur and end the case. In some cases abscesses form which either suppurate and burst of itself, or resolution takes place. The pus from this abscess has generally a fæcal smell.

In favorable cases recovery takes place in a week but severe cases have a prolonged course of three or even four weeks. In cases of peritonitis, death results in a few days: in those of perforation, within a few hours or a day.

Prognosis.—Of such cases is generally unfavorable. Death is common from peritonitis or perforation into the abdominal cavity. Under judicious homœopathic treatment a majority of cases recover. We have seen very unfavorable cases recovering under our care.

Treatment.—A very limited number of medicines is recommended in this diseases, in fact their action is very prompt and decisive. We have seen and cured a large majority of cases by the timely administration of *Merc. sol.* This medicine may be given in almost every stage of the disease. But when there is history of exposure to cold, dry feverish heat of the body, as well as great pain and anxiety, a few doses *Aconite* give prompt relief. But *Bellodonna* is preferable when there is distinct redness, swelling, and heat developed externally. *Bryonia* sometimes renders excellent service when pain is felt on slight movement, constipation exists, tongue is white and dry, the tumor is very sensitive to touch. *Rhus tox* is sometimes very efficacious if the patient is exposed to rain, there is a desire to move but the slightest movement cause pain, or cannot remain in the same position for a long time. We have often used *Merc. sol* or *Belladon.* in the early stage of the disease and never had to repent. *Mercurius* must be given in very low dilutions, often third decimal trituration is used. Dr. Baehr recommends this practice. When there is threatening suppuration, *Hepar* 3. is our great help. This medicine in higher dilutions (30th. and upwards) tends to bring on resolution, but in the lower (3rd. or 6th.) enhances the process of suppuration and brings on cure.

THE KEY-NOTE SYSTEM;

BY HENRY N. GUERNSEY, M.D., PHILADELPHIA.

"In view of the fact that numerous inquiries have been made of me regarding the principle of Homœopathic practice attempted to

be expressed in the term "key-note system," and as much attention has been attracted to the subject recently, in journals and otherwise, I have deemed it eminently proper to place before the members of our Society, a correct exposition, as far as I am able to make it, of the scope and utility of the method expressed by that term, as a part of practical Homœopathy.

"The term "key-note" is not to be regarded as in itself definitive, nor did I, in first using it, wish or intend it to be taken as a piece of scientific nomenclature. It occured to me as being in a very great degree expressive of a fact in medicine, and as such alone is it to be accepted. The term "key-note" is therefore *suggestive* and merely provisional; to be continued in use only until its scientific successor is duly chosen and qualified by general acceptance.

"But while it is true that the term is nothing more than an illustration, an analogue and a hint, its immense significance is not thereby diminished. It is still the expression of a fact, a truth, central and fundamental; the knowledge of which, in Homœopathic theory and practice, is necessary to the full and complete comprehension and the most extended use of the law of the similars.

"The key-note, in music, is defined to be "the fundamental note or tone to which the whole piece is accommodated;" and the key-note of music finds, by analogy—through which things most remote and unlike superficially are connected in the closest relationship—its likeness everywhere. The key-note of Religion is God's existence. By it every one of the innumerable theologic tones, however apparently discordant, are harmonized. Gravitation is the key-note of the order that governs the myriad spheres that plough their way through space. Progress is the key-note to which the wonderful political, social and industrial movements of the day are attuned. The key-note of the Church—is faith; of the true household—love.

"Thus has been given suggestively, and perhaps with sufficient clearness, the meaning, force and true application of the term as I

have used it in medicine, and with the feeling that suggestion is often more lucid than direct expression, I hesitate to give a more exact definition.

"When a man tells us he is "out of tune," or when a medical author speaks of depressed or improved "tone," or want of "tone" of the system, we scarcely require an explanation of the meaning of the terms thus used, and more is conveyed to the minds, perhaps, than could be made clear by a laborious attempt to express in other words the same thing. It is thus with the term "key-note." It is intended to be expressive of a truth that could not be expressed in any shorter or more compact sentence; and as conveying or rather suggesting to the mind the whole truth itself.

"A casual observer, viewing the fair field of our Materia Medica, would say that the flowers are all alike; so similar and so common as to be utterly valueless; and, indeed, without the principle involved in the term I have used, this would appear to be the truth. In Materia Medica and in Pathology we have before us vast heaps of apparently inharmonious, confused and unrelated facts, and these continually accumulating, with the prospect that the higher faculties—upon the unencumbered and vigorous action of which depends all real achievement—would eventually become hopelessly bewildered, were it not that the guiding principle, the one fundamental characterizing power, the *key-note*, in fact, is struck, and every tone and feature and expression is attuned to it, and by it modulated and harmonized.

"The "key-note system" is not only applicable to the array of symptoms constituting the pathogenesis of our Materia Medica, but as well to the array of symptoms and conditions constituting disease. In pathology, the term pathognomonic symptom is intended to express, in very many instances, what might be termed the key-note of a given disease, and yet while this is true so far as it goes, it does not go far enough to cover the whole ground; to embrace the whole category of diseases; or to mark the distinctive features that characterize one case of the same diseases

from another. Now the Homœopathic physician does not profess to treat disease, *per se*, but rather patients; and thus from the very nature of things, even the erudite generalizing of the Allopathic School connot be received by us.

"Although the chief features of a disease are present and similar in all persons attacked by the malady, and even those symptoms which perhaps have furnished it with its name, yet we must all confess that we are able to detect some sign or symptom, some all-pervading condition, some characterizing circumstance that gives that case its individuality, and causes it to differ, if ever so slightly, from all other cases. Thus we may be said to have first—the expressions that evidence disease; then the special markings that distinguish classes and order; the conditions or symptoms by which each class or order is subdivided and each subdivision furnished with a specific name; and finally, the *characteristic* features which serve to distinguish each case of the same disease from all other cases; as in the human family we find first the broad and ever-present features of the race; then the distinctive marks of nationality; then the peculiarities of family; and lastly, the lineaments, deeply or faintly traced, which characterize the individual.

"This, now, is what we would call the "key-note system," as carried into the study of disease. It is *comparative* pathology in its most extended sense. You are, perhaps, ready to tell me that this is nothing new. I am well aware of it. HAHNEMANN laid it down as distinctly as it was possible to give utterance to truth, and while it is not true simply because HAHNEMANN gave utterance to it, *it is true* because the experience of thousands of Homœopathists have confirmed it as the true system of diagnosis; the truly practical method of distinguishing between one case and another, or, in other words, of *individualizing*. Alas, that it should be so often lost sight of in the fascinating whirlpool of generalization.

"Let us now turn to the store-house from whence is to be

drawn the agencies that are to prove curative for these multifarious forms of disease, and see how the "key-note system" is to be applied there, and with what effect.

"From the "provings" of aconite; from its numerous toxicological effects; and from the revelations of its scope furnished us by its use in disease, a vast tissue of symptoms might be accumulated, that it is not exaggeration to say would fill a large volume; and to these we might add the results of new provings, on different individuals, *ad infinitum*. How very many of these symptoms are very similar to, or apparently identical with, those produced through the provings of other drugs? Truly the flowers appear all alike. Yet there is *something* within that pathogenesis, *indicative of aconite alone*; embodying in expression its one characteristic, unfailing, predominant effect, which makes it to differ from all other drugs, and which pervades all its other effects with more or less predominance. This symptom or condition, these symptoms or conditions form the key-note or key-notes of aconite as a medicine, and furnishes the key to its indication in disease. Thus, in instituting comparisons between medicines, by taking all the symptoms and comparing them carefully, we will find that each one presents, besides the fundamental *similarity to* all the others, peculiar *differences from* all the others; and these invariable points of peculiar difference are the "key-notes" in a comparison of such remedies.

"Here, then, we have the characteristic peculiarity in the disease that individualizes that case, and we are enabled to call up from the store-house of the Materia Medica and place in apposition with it that medicine which possesses in its pathogenesis a corresponding similar characteristic, peculiarity or "key-note," and which will prove to be the curative agent for that case of disease.

"It is charged against the key-note system that it is in conflict with the doctrine that teaches the necessity of meeting the totality of the symptoms, or, in other words, the doctrine of true homœopathy. This is by no means true. It is claimed,—not that the

key-note in the case is to be alone met by the key-note of the remedy; nor that the whole case is to be met by the key-note alone,—but simply that the predominant symptom or condition of the case that individualizes it and constitutes its key-note, suggests to the mind a medicine having a corresponding predominant symptom, condition or key-note, and that if there has been no error committed either in viewing the key-note of the disease, or of subsequently selecting just that remedy having the corresponding feature, there will then be found in the pages of a *symptomen codex*, under the heading of that particular remedy, the remaining features, symptoms and conditions of the patient, or, in other words, the "totality." Thus the "key-note," as before explained, is simply suggestive; suggesting by the shortest, surest and most practical method, a remedy; separating and isolating it from all other medicines as having: first, the characteristic symptom or condition or "key-note" in a marked degree; secondly, and consequently, the remaining symptoms or conditions; these constituting together the *totality* of the case. As a medical friend expresses it in a recent letter, "the key-note gives us the pitch of the tune, *but it is not the tune.*"

"After all, it is in this way that true Homœopathists have ever prescribed. It is not the totality that biases the mind, so to speak, or directs the attention to a certain remedy. It is always something peculiar in the case, some prominent feature, or marked symptom that directs to a certain drug, and the totality afterwards confirms or disproves the choice. I again repeat, therefore, that the "key-note system" does not in any way interfere with the doctrine of "the totality;" it insists, on the contrary, upon the essentiality of that doctrine, and is the guide to its being properly and practically carried out.

"In my recent work on Obstetrics, &c., I have endeavoured to carry out this key-note system to a practical determination, so far as my, at present, limited knowledge has permitted. I have not attempted to set down under the head of each remedy in each

disease, the catalogue of symptoms that *might be present*, but to give the characteristic peculiarities or key-notes of the remedies—such only as had been, in my experience and that of others, "tried, proved, and chosen,"—so that the mind might be directed at once in the true direction, the choice to be confirmed by the totality of the symptoms; so that the *true key-note* being struck, all the other tones would be harmonized with it. It is in this way that I desire to be understood, and those gentlemen who have done me the honour to review my book will bear in mind that this is the true interpretation of the plan I have set forth; and if they will give it their attention, and carefully and conscientiously experiment at every fitting opportunity, they will, ere long, be ready to say yea! and amen! to all I have written on the subject.

"A few examples, by way of illustration, may not at this juncture be misplaced.

"Being called in consultation recently, in a case of dysmenorrhœa, where a great variety of symptoms presented themselves, I was much struck with the *devout, beseeching, earnest and ceaseless talking* of the patient, and at once suggested to the attending physician the exhibition of *stramonium*. Upon comparing symptoms, he replied that all her symptoms were not under the head of that remedy, but agreed to the use of *stram.*, as he could suggest nothing else, adding that if it cured her, "he would cease to believe in the doctrine of totality." I replied that *stram.* was undoubtedly the remedy, and if it were properly proven and on every variety of temperament and condition, *all* of her symptoms would be found in the record of its pathogenesis. Stramonium 2 was given, and it quieted her at once, and all her other symptoms speedily vanished, *inversely* as they had appeared. Her peculiar talking was the last symptom to manifest itself and the first to disappear, and when present in disease in either sex is a keynote to *stramonium*.

"In cases of hæmorrhage, where the blood forms itself into a resemblance to long black strings hanging from the bleeding orifice,

crocus will be the remedy; not for the hæmorrhage alone, but for the whole chain of symptoms presented by the patient. The hæmorrhage being last to appear will be the first to be removed, and by not now interfering with the curative action in progress, giving no other medicine, and allowing a sufficient time for the action of the dose, the remaining symptoms, constituting the whole condition that has led up to the hæmorrhage with its characteristic peculiarity, will be dissipated, inversely as they have appeared.

"When, in colicky children, an appearance of red sand is discerned in the diaper, we know that *lycopodium* is indicated. By the action of that remedy the whole disordered condition of the little one will be removed; the whole chain of disordered action that culminated in this phenomena of the urine. The urine indicates lycopodium, is the key-note in the case for that remedy, and the balance of the little patient's symptoms will be found under it and be removed by it.

"I am permitted to refer to the following case, extracted from one of the numerous letters sent me on this subject. In a case of typhoid fever, the last and worst of a malignant epidemic, where the disease had resisted the action of all the medicines given, and the attending and consulting physicians despaired of saving the boy,—a previously healthy, robust lad of sixteen years,—he was restored to his former rugged condition through the action of a remedy suggested solely by a "key-note" symptom. My friend writes, "as I went to his bedside one evening, I noticed a peculiar convulsive movement of the head, such as I had not before noticed in this or any other case, viz.; *the head jerked itself clear of the pillow, and then fell immediately back; this being constantly repeated.* I at once recalled your key-note for *stramonium.* I went to my office, and on comparing the symptoms of the case with the symptomatology of that remedy, I was struck with the wonderful correspondence. I then gave repeated doses of the 3rd. dilution, acting on my colleague's advice, but in twenty-four hours saw no improvement. The 30th was then given with no favourable

result. I then gave a single dose of *stram.* 2° at night, and was delighted to see a smile on the face of the anxious mother when I called next morning; 'Henry became quiet,' she said, 'very soon after taking the medicine, and has, for the first time, slept quietly.' His convalescence was steady from this period. I gave no other medicine for ten or twelve days. Stramonium saved him, and your 'key-note' given me in the class was my only guide to it."

"The few examples thus cited are sufficient to point out the practical workings of the key-note system. Through it alone, I hold, can the art of prescribing homœopathically be simplified and rendered exact. By it Stapf was enabled to prescribe correctly in the presence of an expectant and admiring class, without asking a question; for the objective key-note, revealed in the countenance of the patient, gave him full knowledge that under Cantharis the whole condition and symptoms would be found; and by it hosts of Homœopathic physicians since his day have been safely and quickly guided to the truly-healing medium that might have been missed if sought through more complicated channels. The force and truth of HAHNEMANN'S idea that the symptoms of disease are cured inversely as they appear, is beautifully demonstrated if viewed from the standpoint of the key-note system. Through this system the complex and difficult text of the Materia Medica is rendered pure and clear, and every shadow uplifted from its pages; by it Pathology—the servant of Homœopathy—is brought into fullest and most vigorous usefulness, and diagnosis, made exact and availing. As, in the hands of an Agassiz or a Leidy a few bones or teeth, or the scale of fish, are sufficient to unfold a whole chapter in the book of natural history, so in Homœopathic practice, by the characteristic key-note emphasized by the patient, the practitioner is enabled to individualize his case and draw to his aid, thus revealed, the corresponding similar remedy having the totality of the case, and able, *cæteris paribus*, to cure it.

"I have thus attempted to demonstrate the meaning, truth and

utility of the "key-note system." Without any attempt at fine writing or display, I have endeavoured, in moments of leisure stolen from hours of toil, to set forth with clearness and exactness what I believe to be, not a new doctrine, but a true one in Homœopathy; and if, by reason of this paper or the discussion that may follow it, or any inquiry that may be set on foot through its publication, we may be led still farther into what I conceive to be a true path to the correct system of Homœopathic therapeutics, I shall feel myself amply rewarded."

CLINICAL CASES.

Case I. Fistula Urinaria.

I was called to see Babu ——————Dhur, a feeble young man 28 years old, on the 25th October 1884. He had an attack of Hunbrian chancre about a year ago which was apparently cured by Black wash and some internal medicines from an allopathic physician. The sores broke out again after a month from the cure and it now assumed a phagidenic character. The ulceration extended gradually, and after eating away the upper portion of the glans penis made an extensive destruction of the penile structures. Another sore was visible at the root of the penis invading the scrotal tissue to a certain extent. When he came under my treatment I found nearly one-third of the penis was destroyed and a circular-shaped, deep ulcer formed around the root of the penis. There was another sore at the middle line of the perinium. From all these sores urine dribbled at the time of micturation. I think a thorough communication was established through all the sores with the urethral canal. He was subject to malarious intermittent fever for some time and was drugged with large doses of quinine.

He was pale and emaciated, there was a good deal of prostration, he was scarcely able to get up and walk about. There was hectic fever in the evening, bowels constipated, no desire and apetite for food, burning sores oozing out an ichorous, thin

and sanious pus, he was very irritable, always morose. His brother told me that his sleep was disturbed by nocturnal emissions of semen now and then, produced a good deal of weakness. I prescribed *Nitric acid* 6. morning and evening. After using that medicine for a week, the patient says that he had no burning in the sores and the pus appeared to be healthier, but the fever remained unabated, and there was no liking and relish for food. The ulcer seemed to be a little clearer, urine dribbled through the sores as before. I advised him to continue the same medicine for four days more. The report after this period was not favorable. I went to see the patient who complained very bitterly of the fever, burning of the body, great restlessness and utter prostration, the face being extremely pale and anæmic. I consulted Dr. Bhaduri and we both agreed upon trying *Arsenic* 30 morning and evening. I now visited the patient more frequently and found marked improvement, though urine still the same. The ulcers appeared to be clean. I persisted with the medicine day after day, and amelioration of our patient's condition was evidently visible. In a fortnight the ulcer at the root of the penis was healing over. There was no escape of urine through the perinial sore, only a slight escape at the bottom of the penile sore. At this juncture there was an aggravation of fever during the new moon, so we determined upon trying *Silicea* 30. which was given once a day. By the exhibition of this medicine his health was greatly improved, fever abating to a marked degree. From this date our patient was permanently improved in every respect. I stopped the medicine now and then and gave occasional doses of *Arsenic* 30. His urinary fistula were nearly closed over and after a stay of about three months in the town, he was allowed to go back to his home.

P. C. MAJUMDAR L. M. S.

NOTES.

A peculiar dialogue.—An experienced and thoroughgoing Allopathic physician had an interview with a friend of his, a Homœopathic practitioner of the metropolis. In the course of conversation he (the Allopath) told his friend (the Homœopath) that from the homœopathic system he has been convinced of one thing, that medicines and nourishing diet and regimen are not required in the treatment of any case of disease. Being questioned as to the cause of this remark, he said that in his observation he had a very serious case of fever in which brandy, stimulants, chicken broth, soup &c., all proved unavailing, in fact there was no improvement in the failing pulse, weak heart-action and other unfavorable symptoms. In this state of extreme danger the relatives of the patient placed him under Homœopathic system and the physician cured the case by the exhibition of Sago and barley-water. And no medicine was given? asked the homœopath; on which the heroic friend remarked very readily, "yes, but that is water and a few globules of sugar and nothing else." His good friend of the Hahnemannic method advised him jocosely to try that method of using barley water without any pellets or water.

The Hahnemann Anniversary.—We are glad to announce that the above meeting will be held at the Albert Hall, College Street on the 10th Instant. The friends and patrons of Homœopathy and consequently the admirers of the great founder of the system, are cordially invited to attend. There will be speeches in comemoration of the birth-day of the illustrious founder of Homœopathy.

We have to acknowledge with thanks the receipt of the following :—

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PRIMARY AND SECONDARY SYMPTOMS OF DRUGS AS GUIDES IN DETERMINING THE DOSE.

BY E. M. HALE, M.D., CHICAGO.

At the last session of the Institute, I presented a study of Cantharis, and others of its analogues, as illustrative of this subject. This year I present a brief study of Nux Vomica for the purpose of illustrating the relation of its primary and secondary symptoms to the dose in practice.

It appears to me that this subject is not to be illustrated by any theory, except it be deduced from the results of practice. The thousands of our school who have prescribed Nux Vomica every day of their practice for years, are asked to examine the results of such practice; I also ask the members of the Institute to examine the records of the allopathic use of Nux and its alkaloids.

What are the primary symptoms and pathological effects of Nux Vomica? Are they not familiar to every student of Materia Medica?

The most notable of its primary effects are *tetanic spasms.* These vary in intensity; from muscular contractions up to opisthotonos and general muscular rigidity. It is said that they depend upon a condition of the spinal cord defined as *congestion,* with *excessive exaltation* (irritation, hyperæsthesia) of the motor nerve centres, or the reflex motor nerve-cells. So intense is this excitation that the slightest mental or physical irritation brings on the terrible tetanic spasm. Hahnemann makes this *supersensitiveness* of Nux one of his most prominent indications for the homœopathic use of this remedy. These two conditions above named are in reality the key-notes of the primary action of the drug. They control all the nervous symptoms of Nux Vomica, and it must be especially noted in all the most rigid believers in the high and highest potencies, prescribed Nux for this characteristic indication. In this they are right, for none but most attenuated doses can be used with safety when this indication is present.

I claim that this one fact proves that, for primary symptoms the smallest possible dose is best indicated.

Who would dare to give Nux in doses of the crude drug, or even the attenuation below the 3^{x}, in cases of tetanic spasm depending on spinal congestion? Who would select appreciable doses of Nux for angina pectoris, cardialgia or other tetanoid affections of the viscera?

What would be the dose in cerebro-spinal meningitis, myelitis or other congestive and inflammatory affections of the cord?

In looking over the reported cases of cures by means

of Nux, I find that the most brilliant cures were made with the high potencies when they were primarily indicated.

What are secondary symptoms of Nux and Strychnia? A careful study of its toxical effects, as given by the best authorities, shows that from its continued use in poisonous quantities, in men and animals, conditions just the opposite of its primary toxical effects finally obtain. The spinal congestion becomes passive, or results in softening or extravasation, as an ultimate primary effect.

But oftener the *irritability of the motor nerve centres becomes exhausted, spinal exhaustions or paresis* occurs; and thence the various forms of *paralysis*. This paralysis has been closly and accurately studied and is said to be almost fully confined to *afferent nerves*; i. e. the nerve-centres do not respond to peripheral irritations, nor do the reflex motor nerves perform their proper functions. The natural stimulants of the various organs of nutrition and assimilation no longer excite the reflex irritations which are necessary to carry on the normal functions of life.

I need not enumerate the symptoms evolved by these pathological states. Knowing what these states are, any physician can arrange them into primary and secondary groups. The question now arises, what is the proper dose to be prescribed for these secondary conditions?

The history of the treatment of paralysis with *Nux* and *Strychnia* is the best answer to this question. I

can find no record of cases of paralysis cured by the middle or higher potencies of this remedy.

Homœopathic literature is quite barren of cures of paralysis, especially the more serious forms. *Nux* is especially adapted to paralysis, but the paraplegia must be reflex or secondary. The fact that it is absolutely necessary to use appreciable doses of strychnia for the cure of the various forms of paralysis is ample proof of the law of dose, which assumes that for *secondary symptoms appreciable quantities must be prescribed.* A spasm of the sphincter vesicæ may disappear under the use of *Nux* 30, but a paralysis of the same sphincter will require at least the 3^{x} to remove it.

A paraplegia from congestion of the cord may give way to Strychnia 12th, but a paraglegia from anæmia of the cord will require the 1^{c} or even 1_{x}. I need not multiply examples when there are so many in every day practice.

Before closing this brief paper, I desire to answer an objection to this law of dose.

It has been remarked, that because some of the antipsorics,—Graphites I believe was mentioned—cured a chronic diarrhœa in both low and high triturations, therefore this law of dose could not be true.

I do not believe that a true antipsoric, or chronic disease medicine, like Graphites, has the power of causing primary and secondary symptoms as I understand them. Their pathogenetic history resembles that of chronic diseases. Both commence insidiously, or follow some

acute illness, and the symptoms progress in slow and continuous order. Therefore the opposite conditions caused by them are alternating states or varying conditions of one state, and do not come under the law I have enunciated.

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Scraps of Materia Medica.

Several observations, made by me during the last few years, have convinced me of the brilliant efficacy of certain medicines of our Materia Medica which are either not proved at all or very meagrely proved upon the human system. Some of these medicines are of complex nature, others concrete. I had a strong aversion to use the chemically compound medicines, but later on I was surprised to see their marvellous effects, which led me to a more extended application of them in the treatment of diseases. Our indefatigable Dr. E. M. Hale has strongly advocated the clinical application of several unproved or partially proved medicines. I think this plan of his must be followed in our country in order to investigate the properties of several drugs, which though not proved according to the Hahnemannic system, exhibit wonderful effects in curing and mitigating the various forms of human ailments. I intend to record the authenticated history of such remedies. Those of our colleagues who have the mind to revive our old Hindu medical treasures will do me a great favor in sending such reports to me and so helping me to carry out my plans. In the present issue of the Indian Homœopathic Review I give some practical hints from my own experience of medicines used in the Homœopathic School. I commenced studying their efficacy in diseases from the "New Remedies" of Dr. Hale. Among the foremost I will mention to-day the following; and first of all,

CALCAREA ARSENICOSUM.

This medicine should be considered as one of the best constitutional and febrifuge remedies we know of. I have used it successfully in chronic malarious intermittent fevers with concomitant enlargement of the liver and spleen; sometimes it exhibited in my hand the wonderful power of controlling febrile motion. I administered it under the following conditions. Fever gradually assumed a remittent type; temperature very high, there is warm perspiration during the acme of the fever, no appetite for food or even loathing for it, bowels either constipated or white watery diarrhæa, or alternate diarrhæa and constipation, extremities cold, burning of the whole body, there is little thirst and a very small quantity of water is sufficient to appease the thirst, face pale and anæmic, body emaciated, there may be appetite but food is not properly assimilated, liver and spleen as hard as stone. There is no dropsical swelling but sometimes puffiness and bloatedness. There is coriza, sometimes a slight, hacking cough or a very small amount of white albuminous sputa very much resembling boiled sago. This picture closely resembles the feature of a case suffering from a chronic malarious intermittent fever and its usual cachexia. I have cured a few cases with it, sometimes even by the first prescription. A boy of twelve years had an attack of fever at the end of the year 1882. He was maltreated with quinine in large quantity. This case came to me from a quarter which may be styled as a hot bed of malaria. His whole abdominal cavity was filled up with enlarged liver and spleen, cachexia very decidedly marked on his countenance. When he came to my presence I found him under a high febrile state His relative told me that he was scarcely free from fever. Temperature was more or less high throughout the day. There was burning of the whole body, though the extremities seemed cold to my tactile feeling. I prescribed *Calc Ars* 12, morning and evening. He felt almost no improvement. I told him to continue the

medicine. He came this time with better news. He had no fever in the morning and only a slight one in the afternoon. In anothe week he was free from febrile excitement. He was completelyr cured within a month.

A Hindustani boy aet. about ten years, was brought before me by his father with chronic remittent fever and enlarged liver and spleen. His bowels were constipated, the poor boy was very much prostrated, emaciated, in fact almost. He was treated in a Metropolitan Hospital with Cinchona mixture to no purpose. I prescribed one by one *Nux Vom, Ipecac, Gelsim* and *Arnica* according to the symptoms presented by the patient, but without any marked effect. His temperature was not a bit affected by my treatment. I very nearly dispaired of his cure when suddenly it came to my mind that *Calc Ars* might do some good, and I accordingly prescribed this medicine in the 30th dil. I gave him six doses to be taken morning and evening for three days together. This time I was fortunate enough to behold the smiling face of my little patient and of his anxious father. They were both very happy to see the effects of my last medicine. In fact he was cured by this medicine after some time. This case came under my care a few days before the International Convention held in London.

This medicine is frequently used by me in cases of various kinds of chronic lung-diseases and some bronchial affections. I have verified its curative effects even in incipient phthisis. A case of undoubted pulmonary consumption in its early stages was radically cured by me and this case is reported in this number elsewhere. The disease even in an advanced stage has been arrested by me, and an useful and practically healthy life was secured in the following case. I was called by a relative of mine to see this case in December 1881. He was a delicate medical student. I examined his chest and found the lung tissue in a commencing stage of dissolution. He was reduced almost to a skeleton. Copious lumps of yellowish brown expectoration

resembling pus was coughed out at each effort. He was under the treatment of a distinguished allopathic physician of this town who gave up his case as hopeless. He had fever twenty four hours with harassing debilitating cough. His whole chest was full of moist rales, complained of pain in various spots, some difficulty of breathing. I was not also very sanguine of his recovery. However I at once hit upon my favourite medicine *i. e. Calc Ars* which produced wonderful effect. His fever abated in a few days and all other adynamic symptoms disappeared. He was nearly well when I thought it judicious to send him to a dry climate. He went to Giridi, a hill station at central India. Here he gained flesh and became a healthy, robust young man. He returned after two months and is enjoying a sound health up to date. Occasionally he took *Sulph* and *Spongia.*

Homœopathy.

(COMMUNICATED.)

If, like Rip-van Winkle, one could have gone to sleep twenty years ago and "waked this moment on" Homœopathy "grown to mere," he would positively be staggered at the sight presented to his eyes. In the place of one or two doctors in the whole town who were looked upon either as crack-brained or hare-brained theorists, he would find hundreds of physicians whose doors are crowded at all hours by the rich and the poor alike. He would no longer hear homœopathic principles derided as sheer nonsense or homœopathic practitioners cried down as arrant humbugs. It is our purpose this day not merely to recognise the fact and publish it for the information of the general public; that would be a task as unnecessary as uncalled-for; we shall attempt to show that in spite of the persistent persecution of our brethern of the other "pathies" *i. e.* as well as of the immovable inertia of our countrymen in general, our cause has made a sort of triumphal progress throughout the length and breadth of Bengal.

The efficacy of a system of cure is to be judged by its results. There may be some heroic admirers of heroic doses who would prefer to be killed in the orthodox fashion to being cured by a system which goes against their grain; but the number of people who consider an ounce of fact better than a ton of theory is to be counted by millions and tens of millions. It goes without saying therefore that a mere desire for change would in no way account for the decided predilection for Homœopathy which is to be witnessed on all sides. Unless our countrymen had been convinced that the change is really a change for the better, they would never wish to place their lives at our hands. Life is a thing too precious to be offered as sacrifice at the altar of the fashion of the day.

Be it remembered, moreover, that a majority of the priests of our science in Bengal are at best merely laymen. They had never been to any College of Medicine or any regular Hospital. They are unacquainted with the nature of the human system and with the pathology of diseases. Even those few who may fairly lay claim to having had some training in these matters have been, so far as homœopathic principles are concerned, self-taught and self-sustained. They are necessarily quite ignorant of that mass of unpublished literature which must always be learned directly at the feet of successful and experienced practitioners alone. If under all these disadvantages homœopathy has been able not only to hold its own against other systems, but also to carry its flag in triumph right through the enemy's camp, what may we not except at the time when, as in America or Germany, we shall have for practioners, earnest and educated gentlemen, with just the sort of previous training which is likely to turn out eminently qualified physicians?

Besides the extraordinary amount of success which has always attended the efforts of the homœopathic doctor and which has contributed to make the science so popular with our countrymen there are two other factors which must not be lost sight of in

investigating the superiority of homœopathy over the other systems of medicine. One great recommendation of homœopathy is its cheapness. Who amongst us has not, amidst his other anxieties and suspense when a near and dear relation is lingering in disease or is at the point of death, thought gloomily and dispondently of the terrible but inevitable doctor's bill ? Why, even an ordinary case of fever could not be got under for less than a hundred rupees or so, while a somewhat complicated disease would so lengthen the bill as to cover the major part of the patient's valuables and property. There can be no doubt, then, that homœopathy is a real blessing to the cause of humanity. For us who live mostly from hand to mouth, it is like "manna dropt from heaven ;" and we shall never cease to bless the day when Hahnemann published for the world's good the grand principles which have immortalised his name.

And then that horror of horrors—heroic doses ! To swallow vialfuls of concoctions the very thought of which would make us throw up with disgust our very "*annaprashan rice* :" that was an infliction which sat like a horse-mare on most of us, and blessed be they who have at last rid us of this ugly monster ! To women and children at least homœopathy has, in this respect, been a godsend.

But this is not all that homœopathy has done for us. It has saved us from one great evil, probably the greatest of those yet reviewed. It has saved us from untimely deaths and ruined constitutions. There are few who do not carry the marks of the heroic system to their very graves. One man never ceases to complain of the various affections of the teeth, because a light of the true science eased him of a ten rupee note and judiciously administered to him a heroic dose of *calomel*. Another man's digestive functions have been destroyed for good, a third person's head is constantly reeling ; all because they had placed themselves under the tender guardianship of our friends of heroic doses.

There are some who say that homœopathy can cure only in

those cases where the patients ought to have been left to nature; or, in other words that the medicines are nothing, the principal factors being the cessation of medication and the natural power of the human system to rally from the effects of disease. These mens' minds are strangely constituted, and with them "sauce for the goose" is no "sauce for the gander." When a patient recovers under the treatment of an allopathic physician, it is the doctor who has cured; when another comes round at the hands of a homœopathic practitioner, it is nature that has asserted itself. It is no use arguing with people like these; they are of those "who have eyes but see not, who have ears but hear not."

I heard a strange theory propounded by a medical gentleman about the efficacy of homœopathic medicines. "It is not the but the physician that cures in these cases." In plain words, the medicines, in themselves, are of no earthly use whatsoever, but the magnetism or psychic force, whatever you may call it which is communicated to the globules, by the physician's force of will through his strong confidence in the efficacy of the medicines, is imbibed by the patient and effects his cure. That power of will is not a non-existent factor in some cases, we do not mean to deny; it may be or it may not. But it speaks ill of allopathic doctors that they have not that overbearing confidence in their own system which homœopathic physicians have. It indicates an inherent defect in the system and is a certain sign of its fall at no distant period. But we shall recur to the subject at some future date.

Clinical Cases.

Case I.

Patient a young Mahomedan lady with respectable connections. I was called to see her in the beginning of June, 1885. I was told that it was a cholera case that I was going to see. The history is the following. The lady had indigestion the previous morning,

in spite of which she took her food. Since then she began to purge and vomit. Stools were copious and passed very frequently, but she passed urine with her stools. During the whole day and night and the next day till evening when I saw her, she purged and vomited in this way. The accompanying symptoms were severe headache, crampy pains over the whole body and intense thirst. Before I saw the patient she had been under the treatment of a Hakim and an amateur homœopath.

The latter had given her Ipecac, Veratrum Alb and Arsenic to be taken one after the other by otartion at intervals of 15 minutes. Such triplicate administration of homœopathic drugs is not at all an uncommon thing here. I found the patient feverish, pulse excited. I prescribed for the night Aconite and Bryonia. I saw her next orninmg and was told that she had been better in the night. The headache, thirst and pains in her body were much less, and she felt better. But towards the latter part of the night she vomited once after which suddenly headache, thirst and all the other complaints were aggravated again to some extent. I next took the following notes of the case.

Purging and vomiting, with headache, thirst and pain over body.

Headache aggravated, as purging ceased. Referring to Bell on Diarrhœa and Dysentery I found Podophyllum the *exact similimum* of the case and it acted like a charm. I had to give no other medicine. She was convalescent the very day.

PARES NATH CHATTERJEE, L. M, S.

Patna City.

CASE II. INCIPIENT PHTHISIS.

Babu ——— Bose's son aet. 20, had an attack of fever in the month of February 1883. He was cured by the use of athic medicines. About a fortnight after this cure, an

inflammatory swelling took place in the ischio-rectal fossa which ultimately turned to be an abscess. This abscess was operated upon but the wound did not completely heal up, a fistulous opening remained, from this wound thin pus oozed out constantly. At this time fever came on every day in the afternoon, there were no marked symptoms observed, except heat and burning over the whole body; fever subsided in the latter part of the night with no sweat, but there was only slight perspiration in the forehead. It was decidedly of a hectic character. He was treated by a *kabiraj* but no improvement. He was gradually loosing flesh. In this state, I was consulted by his father who gave me a full history of the case. I prescribed *Silicea* 30, morning and evening. He took the medicine for three days without perceptible improvement. The father of the patient told me that he had now and then slight dry cough and complained of pain in the upper part of the chest. There was no sputa. He was liable to take cold easily. I examined the chest and found some dulness on percussion; on auscultation vesiculor murmur harsh and jerky at the apex of the right lungs. Vocal resonance and fremitus preternaturally increased. The patient complained of pain particularly at this spot. There were no *rales* but occasionally there seemed to be some at the apex. This jerky respiration and occasional *rales* at the apex of the right lungs together with other concomitant symptoms point rather a suspicious object in my mind. I diagnosed it to be an incipient stage of pulmonary Phthisis. I changed my prescription to *Calcarea Ars* 30, once in the morning. This medicine produced wonderful effects, fever almost gone, cough reduced, appetite improved, the pus from the wound was also less, sometimes he could not detect any trace of it. I advised him to continue that medicine and report to me after a week. He was improving and I discontinued the medicine. His improvement was continuous, so I told him to use this medicine twice in the week. After a few days he exposed himself and got cold. This new affair turned every

thing *topsy turvy* and he grew worse. In this state I gave him *Aconite* 3, three times in the day. Watery fluid coming out of the nose having a bland and cold feeling to the touch I prescribed *Kali Iod* 3, in the same manner. His cold and cough less but fever was not abated ; *Pulsat* 6, twice daily. This last prescription was of no avail, I determined to try *Calc. Ars* again but in the 12th dilution. I did it and was rewarded. His fever was entirely gone and he was improving. His fistula was no more, and he was gaining flesh. But I thought it advisible for him to resort to a change of climate which he did with alacrity. He started at once for Arrah where he was pefectly cured. No other medicine was required, only one dose of the last medicine once a week. I may remark here that all along he took *chappaties* as diet and no rice. He remained there for six months and returned to the town a vigorous healthy young man.

Case III. Pterygium.

Babu ———Seal aet. 29 years, had an inflammation of his right eye for about a year ago but was cured by some external application. I asked him whether it was *Argent Nit,* but no decisive answer. Gradually the *pterygium* was developed and he presented himself in my *clinic* on the 26th November 1884. On examining the eye I found the connective tissue enormously thickened and almost invading the corneal structures. I prescribed *Calcarea Carb* 12 one dose a day, and *Rhatan* one minim in an ounce of water for external application. He continued this medicine for about a month without finding any benefit. It appeared to me that the growth had become a little thinner. The same prescription was in force for some time more. After two weeks from this date the patient came to me and gave a discouraging report. His belief was that the disease was gradually increasing. On looking to Hering's Condensed Materia Medica I came to the conclusion that *Zincum Met* would be the true

similimum of the case, so I prescribed the 30th dil of the medicine. By the *judicious* application of this medicine for two months, the hypertrophic mass was reduced to a mere trace. By 'judicious' I mean the stoppage of medicine for a week after using the medicine for six days. In this way he has been improving and the improvement was marked by the patient himself. I gave him a few doses of Sulphur 30 to complete the cure.

Case IV. Spermatorrhœa.

Babu———Dutta, aged 22 years, came to me on the 19th January 1883 with this loathsome disease. He has been addicted to self-abuse from his younger days. About two years after he commenced to feel the consequence of this bad practice. His appetite gradually became less and less, mind cheerless, loss of memory, palpitation of the heart, which was increased by the least movement, walking, running; seminal emission almost every night with dreams followed by a peculiar painful sensation in the genital organs. Bowels irregular, generally there was constipation, stool hard and evacuated after great exertion. He is now a student in one of the colleges of Calcutta. He took *Phosphor* 6, *Nux Vom* 30 and *Sulphur* 30 from another physician without any improvement. I prescribed *Calc Carb* 12 one dose, every alternate days. He took it and reported to me that his bowels were regular, now and then there was a little increase of appetite, no more amelioration being noticeable. I consulted my books and found under *Digitalis*, spermatorrhea, irritation of the sexual organs with painful erections night and day, pollutions accompained by lewd dreams and subsequent pains in the penis, nightly emissions with great weakness of the genitals, violent beating of the heart at the least movement; despondency and fear of the future (Lilienthal). So it struck me that Digitalis was the medicine for my case. Dr. Bœhr says that digitalis is particularly useful.

He farther goes on to say "that a few doses of the third trituration of this medicine are generally sufficient to effect a complete cure or at least a marked improvement. The medicine should be given in the morning; in the evening it is very apt to disturb the night's sleep." I accordingly gave him digitalis 3 (trituration) once in the morning. He was perfectly cured in a fortnight and is doing well since then.

PRATAP CHANDRA MOJUMDAR, L. M. S.

Third Hahnemann Aniversery.

The third meeting of the Hahnemann Society was held on Friday at 8 P. M., the 10th April, at the Albert Hall, Calcutta, to celebrate the Anniversary of Hahnemann's birth day. The Hall was festively lighted and tastefully decorated with flags and pictures. The bust of the Hero of the day, the Illustrious Samuel Hahnemann, was ornamented with wreaths and occupied the front of the table which was intended for the chairman. There were present several Homœopathic practitioners and gentlemen interested in Homœopathy; among them we noticed Dr. M. M. Bose, M. D. L. R. C. P. &c. &c., N. N. Ghose Esq. B. A. (Barrister at law and Editor of Indian Nation), Baboo Behari Lal Bhaduri L. M. S. (Editor of the Indian Homœopathic Review), Shoshee Bhoosun Mookerjee, Gocool Chunder Bhaduri L. M. S, Rajah Jogendro Nath Roy Chowdory of Mymensingh, Baboo J. N. Ghose, Prossono Coomar Dutt, Bussunto Coomar Datta (Editor of "Hahnemann"), Birressur Banerjee, Shoshee Bhoosun Biswas, Surruth Chunder Dutt, Juggodish Chunder Lahiri (Professor of the Calcutta School of Homœopathy), Nobo Gopal Mitter (late Editor of "National Paper"), Atool Kissen Dutt, Amrito Prosaud Dutt (K. Dutt & Co.), Kally Podo Banerjee (Berigny & Co.), D. N. Banerjee, S. Dey, Rai Mohun Banerjee, Taruck Nath Bhuttacharjee, Kader Nath Dass, Kany Laul Doss, (Secretary of the

Calcutta Improvement Association), the students of the Homœopathic Schools and others. There were an audience of about 250 men.

At the proposal Mr. N. N. Ghose, seconded by Baboo S. B. Mookerjee, Dr. M. M. Bose was voted to the chair. The chairman after taking the presidential chair expressed regret at the absence of Dr. L. Salzer M. D. and then called upon Baboo Shashee Bhoosun Mookerjee to read the proceedings of the last meeting, the proceedings were read and confirmed. Baboo S. B. Mookerjee read a letter from Baboo Protap Chundra Majumdar L. M. S. "expressing his inability to attend the meeting and enjoy the pleasure of the assembly of all the Homœopathic practitioners of the metropolis and its suburbs owing to swelling in his leg."

A resolution was proposed by Baboo Shashee Bhoosun Mookerjee seconded by Baboo Behari Lal Bhaduri L. M. S. "That this meeting records its deep sense of regret for the death of one of its members Baboo Loke Nauth Maitra, by whose untiring zeal and energy a Homœopathic Hospital called "Ironside Homœopathic Hospital was established at Benares and the new system spread in the North Western Provincess."

Mr. N. N. Ghose in a lengthy speech addressed the meeting suggesting some of the means by which the cause of Homœopathy might be advanced in India.

The speaker sat down amidst loud cheers.

The president Dr. Bose briefly reviewed the incidents of the last year so far as they concerned Homœopathy in India and said that there are several Homœopathic Hospitals in Europe and America; lately by the energy of the people of Bombay a Hospital was established there, but this want still remains in the metropolis of British India and in conclusion proposed that all Homœopathic Practitioners and lovers of the Homœopathy unite together, try with head and heart to establish in Calcutta a Homœopathic Hospital.

The proposal was carried with loud acclamation.

The Bengalee poem in honor of the here of the day, composed and set to music was sung by high-class native musicians, assisted by Chore Bagaun Amateur Concert party.

The Chairman thanked the musicians and concert party for the trouble they had taken on the occasion.

Baboo Shoshee Bhoosun Mookerjee proposed vote of thanks to the chair and unanimously carried. The meeting broke at 9 30 P. M.

NOTES.

Mumps as a cause of sudden deafness.—The observations of Dr. Leartus Canner respecting this subject establish certain facts 1 Mumps do in some rare cases produce complete deafness 2. This deafness is usually attended with all evidences of disease of the labyrinth. 3. These show that it some times begin in the cochlea, but more frequently in the semi-circular canals 4. Owing to the lack of early observations and treatment it is impossible to say that it is not transmitted through, the middle ear from the parotids to the labyrinth. 5. The histories of some of the cases would seem to suggest that such an origin was possible. 6. This possibility renders it very important that every case of deafness during an attack of mumps, be at once carefully examined so as to settle the question. 7. This possibility offers the only hope for the successful treatment of these cases so as to prevent deafness. Thus, if there be a middle ear disease we might hope that revulsive and counter irritant treatment should arrest the disease and save the labyrinth. 8. As to treatment of labyrinthine disease, nothing has thus far been devised that has produced any satisfactory result. Hahnemanian monthly, Novr. 1884.

Unity—"The days of sect in our profession are numbered; the spirit of the age calls for unity————that unity which unites men upon a single platform and beneath one flag, whose opinions upon minor points differ, each preferring his separate work, but all, like the members of the human body, united in a harmonious whole."

(New York Medical Times.)

Refering upon this remark the editors of the Hahnemannian monthly say:—The single platform is "that great principle, the dual action of drugs." As a platform this is very narrow, scarcely wider than a fever-rail. Wouldn't twenty thousand doctors cut a pretty figure walking it! And accidents would occur, too. Many are very tottering believers and the first obstacle they met, they would tumble off into one or another of the old Allopathic pitfalls. Suppose two were to meet in consultation and they should begin to wrangle over the propriety of a big opiate to put to sleep or a little opiate to soothe the nerves; it would be death to them, and of the patient, too. "United, like the human body, into one harmonious whole"!

Did any of our readers over see a *bona fide* case of chorea? A genuine case of developed hydrophobia was cured, as reported by the French Academy, by the injection of pilocarpin N. A. J. H. 1883.

We are glad to find that there will be a female Hospital at Madras for which subscriptions are being raised. Sixty thousand rupees have been already subscribed.

Though heat throughout Bengal is excessive and days and nights are sultry, we have no cholera cases or any other disease prevalent. In fact health of the country is very good.

We have seen an increasing number of Tabes Dorsalis among the children and Lower Bengal. What is the cause of this? An earnest enquiry should be instituted to ascertain the real cause of it and measures adopted for its prevention and cure. We believe the bad hygienic conditions and previous specific disease and ill health of the parents are the prolific source of its generation.

Alphabetical Repertory.

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CAPILLARY BRONCHITIS.

This affection of the respiratory tract is so common in our country that we deem it indispensible to transcribe a few lines on its course, pathology and therapeutic hints. It is frequently remarked that this disease occurs oftener in cold than in warm climates. There may not be any doubt about it, but we must say that it is by no means rare in a warm country like India. We can assign various reasons for it. In the first place, we have observed, especially in Bengal, that though there is intense heat perceived by the people, the air is not without a large amount of moisture. This moist air, coming in contact with our body, produces a sudden depression of temperature and consequent congestion of the internal organs. This is one of the prolific sources of almost all of our ailments. Coldness and moisture lead to the inflammatory condition of the bronchial mucous membranes. This more particularly takes place in old men and infants whose power of resistance is very limited. The other factor for the production of this disease, is the variation of our dress since the advent of European civilization in to our country. [In

former days no coats or warm clothes were in vogue; the people generally took one *chudder* when they went out for business; at home they had nothing on their body to cover them. In fact, more was not necessary. In office, when serving under European masters, they are forced to wear coats on their persons; but when they come home, they take off the coverings and remain bare. This sudden change of dress makes them more susceptible to the effects of cold, and thus bronchitis is the result. We have every reason to believe that nearly all the cases that come under our care, arise more or less from these causes.

Capillary bronchitis is an inflammation involving the mucous membrane of the minute ramifications of the bronchial tubes. It generally occurs, as we have said above, in infants and young children as well as in debilitated old persons. It may come on gradually from common cold, the inflammation extending from the larger tubes, but often the disease begins in the smaller ones from the commencement of the attack. The symptoms at the onset are actual rigor, sometimes very hard chill, with vomiting and nausea; sometimes catarrh of the intestinal canal takes place either before or during the course of the disease. In some cases we have observed thin, slimy, greenish, mucous stools with tympanitis and gurgling in the abdomen. This complicates the case and in such cases danger to life is very great. Pains in the chest are either altogether absent or very scarcely perceptible owing to the difficulty of respiration and cough. Breathing is very much disturbed, and sometimes actual dyspnœa

results. Cough at first dry and very violent, after a short time becomes tenacious, and scanty expectoration is dislodged with great difficulty. Fever is high and continuous, there may be perspiration during the heat which produces no amelioration of the fever. Temperature generally ranges from 103° to 105° F. In severe cases it grows still higher. Respiration becomes fifty or sixty in the minute, sometime more. Respiratory functions are not properly carried on, owing to the insufficient quantity of air entering the chest during inspiration; there being obstruction within the chest for a free passage of air.

When the cough becomes loose, there is rattling of mucus in the chest which, in young and debilitated persons who are unable to throw it off, produces a sense of suffocation. The face becomes blue on account of deficient oxygination, the carbonic acid being increased in proportion in the blood. Much prostration and exhaustion are often found.

Physical signs; on inspection the respiratory movements become rapid in proportion to the amount of dyspnœa. The chest wall is alternately bulged forwards and retracted backwards (known as Harrison's Sulcus.) The inside of the chest is deficiently filled with air, the pressure of the atmosphere upon the outer surface of the chest wall depress it, and it is bulged partly by the elasticity of the respiratory muscles and partly by the over-distention of the lungs. Percussion gives no particular signs, the sound being sometimes dull, sometimes hyper-resonant. On auscultation various

rales are audible. Both sonorous and sibilant rhonchus are noticed. There are abundant fine moist crepitant rales, sometimes on auscultation.

Our Educated men and Diabetes.

DR. BROJENDRA NATH BANERJEE, L. M. S.

We are sorry to notice that several of our leading medical men always commit blunder and expose themselves to public criticisms simply on account of their own folly and ignorance. We advise them not to make public utterances on any medical topics until they refresh their memory and re-study such subjects carefully. Babu Annada Charan Khastgir, a veterarn medical lay man and said to be well read, makes we see, blunders whenever he lectures to, or writes for, the public on any important medical subject. If Dr. K. D. Ghose has actually said that "rice-eating is the real cause of diabetes" amongst our educated class, we should say he has only shewn lamentable ignorance of the real causes of diabetes.

"MEDICO" writes to the *Statesman* :- In a lecture delivered by Dr. K. D. Ghose at the Bethune Society a few months ago, he holds the novel theory that the use of rice, which is mainly starchy in its composition and therfore devoid of nutrition, is the real cause of diabetes, which carried away two of our great men so recently. But starch is a more nutritive constituent of the food than albumen, inasmuch as it subserves in the production of animal heat in the living body, and also in the generation of animal force. Secondly, rice has 5 to 8 per cent. albumen or flesh-making constituent also, which is quite enough for nutrition in a healthy state of the body. However, in the discussion which followed the lecture, another theory was broached to the effect that great intellectual labor was its real cause. Dr. Khastgir, who took part in the discussion, contended that neither of the two theories stood the test of facts; first because if

rice—eating was the real cause of diabetes, the working laborers in India, especially of Bengal, Assam, and Orissa, and those of further India, the Indian Archipelage, China and Japan, who live chiefly on rice, would have all suffered from it, more or less ; secondly, if great intellectual laborers only suffer from it none of our world's past great men could have escaped its attacks, and the affluent Hindus of the present time who live on rich food, and lead an indolent life would have entirely escaped it, while in reality they invariably fall victims to it while in reality they invariably fall victims to it. The Maharajahs of Cashmere and Gwalior, both of whom are now afflicted with this dire disease, are neither of them rice-eaters, nor have they—surrounded as they are by officers who really carry out all the State affairs—any mental work to perform. The above-mentioned theories, therefore, break down in the case of these distinguished personages. Their real shortcoming is that they use the richest food that their state can afford, and they lead a life of utter indolence, having little or no physical exercises to perform. For these reasons, the true process of assimilation of their rich, or mainly carbonaceous food and drink, is obstructed from want of oxygen, which can be obtained in abundance by physical labor or exercise alone, and which can alone remove the superabundant carbon (or fat) by combining with it chemically and forming the gaseous carbonic acid, which escapes with the air as it is expelled from the lungs. Hence, where there is no physical labor or exercise, superabundant carbon or fat accumulates under the skin and produces obesity as its first effect, and afterwards diabetes, which is nothing but a perverted effort of nature to get rid of the same superabundant fat by converting it into sugar in the laboratory of the liver, producing rapid emaciation of the entire body and generally death at no distant time.

Dr. Khastgir the other day in the Albert Hall when advocating the cause of the Allo-Homœopathic Institution showed a very lamentable ignorance of Homœopathy. His expressions were simply ridiculous and we do not know why he was not contradicted then and there by some of the Homœopaths who were said to be present on the occasion. The fact is that Diabetes Mellitus is neither solely dependent on rice-eating nor, as Dr. Khastgir contends, on "the richest food that their state can afford." Excess of rice-eating or very rich food can of course produce diabetes. It is a mystery to us at least, how Dr. Khastgir could boldly say that intellec-

tual labour has nothing to do with the production of diabetes! If rich food is the only cause of diabetes among our rich folks, will Dr. Khastgir explain how women of rich families generally escape from it? Do not the women of these rich families lead a life of indolence? Have not the Maharajahs of Cashmere and Gwalior to do any mental work? Novel fact indeed!! Is not anxiety one of the causes of diabetes? and does not anxiety cause nervous depression like that of intellectual labour? And are not Maharajahs loaded with anxieties? Now for the edification of our readers and to prove the utter worthlessness of Dr. Khastgir's assertions, we shall here briefly describe the etiology and pathology of Diabetes Mellitus. We would not have at all taken trouble to refute Dr. Khastgir's assertions were it not for the fact that this malady is eating away the best of our countrymen and for the wrong impression which has already been left in the minds of educated men by his assertions and erroneous remarks.

We must admit here candidly that we entirely concur with Dr. Khastgir's description of formation of sugar in the system when due to mal-assimilation of starchy food.

Nothing definitely is known about the formation of sugar in the system by the liver or any other organ. There are therefore several theories broached at present as regards the formation of the grape sugar found in the urine. But there is every reason to believe that the formation of sugar is due to some derangement of the glycogenic functions of the liver, though it is not known, as we have just said, how it is brought about. Bernard,

believes that "in the normal state this conversion is constantly taking place in the liver, the sugar being conveyed into the circulation by the hepatic vein and being gradually oxidized and destroyed in the system." Whereas Pavy and those who agree with him "deny that there is any such change in health, and maintain that when sugar is found in the liver after death it is *post mortem*."

Dr. Mc. Donnell has advanced the theory that "the hepatic *dextrine* is not converted into sugar at all, but unites with nitrogen to form a new protein compound resembling Casein." "Those who hold the first view maintain that diabetes consists either in an *increased formation* of sugar in the liver or in a *diminished destruction* of that normally produced—hence it accumulates in the blood, and is excreted by the kidneys. The second class of pathologists are of opinion that under certain conditions the ferment (which naturally exists in the blood) reacts upon the glycogen in the liver, and that this leads to an *unnatural production* of sugar. Dr. Robert says, what we have already said above, *viz*, "that in some cases undoubtedly *excessive* consumption of starchy and sacharine articles of food is the cause of glycosuria—the liver being unable to convert the whole of the sugar into glycogen. The probability is that the disorder of the hepatic glycogenic function, whatever it may be, can be brought about in several ways. Experiment, as well as clinical and *post-mortem* examination has proved that in *many* cases it depends upon a morbid condition of certain

portions of the nervous system. By irritating or injuring the portion of the sympathetic which sends branches to the liver, as well as certain parts of the spinal cord, or the floor of the 4th ventricle, glycosuria may be induced." Dr. Brown Sequard has repeatedly produced glycosuria by irritating the floor of the 4th vintricle. Now we shall again quote Dr. Roberts to show the diverse *exciting causes* of this disease. "Among those to which the disease has been mainly attributed are exposure to wet and cold, drinking cold water when the body is heated, *abuse* of alcohol, sugar, and starchy substances, strong emotional disturbances or excessive mental work; in some cases the disease seems to have followed the prolonged action of depressing mental causes, combined with influences which tend to impair the health, as, for instance, grief and anxiety with long continued watching over the sick, or worry and close confinement in business." Having said so much about the exciting causes of the disease we shall show that in our educated classes many of the above exciting causes of diabetes are to be found. Let us first describe an educated Indian—rather a Bengali who gets diabetes. He is generally married at an early age and a family man, before he becomes a graduate or enters the world. He is weak, neuralgic, sometimes hypochondriac. He always complains of his digestion, constipated bowels, loss of appetite, or, if he has good appetite, can not eat and digest properly. He is either thin or very fat. He is always fond of sweetmeat. He never takes any exercise, —is always fond of lying down whenever he gets time to

do so. He has headache from the time of his matriculation. He has studied in early life at the expense of his health. He works more than twelve hours. We have thus given an average sketch of an educated Bengali who is subject to diabetes mellitus. It will be evident from an analysis of the above description that, 1st early marriage means sexual excess; 2nd weakness—the result of study, early marriage, early indiscretion in attention to physical exercise and probably to want of proper food; 3rd weakness of digestion—due to the same causes as those of weakness; 4th thinness—causes as described in 2 and 3; fatness—for want of exercise, eating too much sugar and starchy food, 5th headache—from excessive mental work combined with perhaps several excesses and sedentary habits. Now in the name of common sense we ask, are not these causes sufficient to kill a man, much less to produce diabetes. We are of opinion that if the present deplorable state of unsatisfactory conditions continue to exist in our educated classes, surely we can safely predict their total annihilation at no distant date.

As "prevention is better than cure" we would therefore in conclusion suggest means to keep diabetes at a distance from our educated classes.

1st—Early marriage. So much has already been spoken about this baneful practice that we should like to mention it merely to show that it is one of the predisposing causes of diabetes in our educated classes. It is well to state here that early marriage would have been of no consequence if it were

not for the present system of University Examinations. Students therefore should avoid early marriage.

2. Proper attention must be paid to the ventilation and situation of houses in which our poor educated classes generally live. Mr. Beveridge tells us that Munsiffs in the moffusil are generally obliged to live in huts or such ill-ventilated houses that they are not worth the name of a house. These highly useful and overworked educated public officers are also obliged to sit from 10 to 6 in court houses, which are a set of disgraceful ill-ventilated rooms not worthy of stables even.

3. Study must be combined with proper amount of physical exercise in the open air. Whenever practicable in morning and evening try to sit in verandas of the house.

4. Avoid taking too much starchy and saccharine food. Do not also take large quantity of liquids.

5. Avoidance of Alcohol in all shapes. It is needless to remind our educated men how many of our brightest gems have been killed by alcohol and alcohol alone.

6. Do not consider that eating is of secondary importance; eat slowly and in a pleasant mood.

We believe we have sufficiently written about this disease and given plain directions how to escape from the jaws of this fashionable (if we are permitted to use the word) disease from which the educated classes suffer so much and pay the penalty of death for their own neglect.

Experience of several Cholera Epidemics.

Dr. Brojendra Nath Banerjee L. M. S.

Is there any broad line of demarcation between Diarrhœa and Cholera? This question occurred to me first in 1880. Since then I have been trying to find out the real distinctive symptoms of these two closely allied diseases. As for mild cases of diarrhœa and severe cases of cholera, it does not require any special diagnostic acumen to differentiate them but sometimes it is very difficult to pronounce a decided opinion about the true nature of an intestinal flux from its commencement. When in 1880 a severe outbreak of cholera occurred here, I noticed several cases ending fatally in a short time without presenting the so called characteristic symptoms of Asiatic cholera. I was then so much imbued with my book knowledge that at first I declined to term such cases as those of cholera. Subsequent experience corrected my mistakes as to the real nature of such suspicious cases. I was taught when in college that a real case of cholera must present the following symptoms invariably, 1. Rice water color of the evacuations 2. Vomiting 3. Suppression of urine.

But in my practice I have seen cases which presented none of these symptoms or only one of them, though I diagnosed such cases as those of true cholera. It must be plainly told that I do not pretend to say that such cases are common, but though 'rarer they still often occur in the time of severe epidemics. I have not seen any such cases when sporadic cholera is prevalent.' I shall now quote from my case book several cases illustrating rather verifying my assertion.

Case I.—R. Khan——a Mahomedan of robust frame aged about 32 years passed a bilious stool on the morning of the 19th July 1880 without any pain or discomfort. There was good deal of rumbling in the abdomen as if a bottle being emptied. Soon after the stool he began to perspire very freely and felt awfully weak. He passed after 10 minutes another painless large bilious stool.

I saw him soon after the 2nd stool as I was quite near by attending another cholera patient. There was intense bad smell in the stool. The pulse at the wrist could not be felt now and the patient was so prostrate that he was unable to put out his tongue and disinclined to answer questions. He passed a 3rd stool in my presence, the nature of which was exactly like the other. It is well to state here that the last two stools the patient passed in bed. There was no vomiting, no thirst, no cramps, no suppression of urine because all the time he passed urine. He did not pass any more stool, but died half an hour after the last stool was passed.

CASE II.—A Hindu lad, son of a friend of mine complained of griping when I was sitting in the house seing a fever patient. Soon after this he passed a very large liquid stool of ash color I gave him a dose of camphor ; 5 minutes after he passed another stool of the same nature without any pain. Soon after this he vomited. The vomited matter consisted of a semisolid ash color material. The young beautiful boy looked quite pale with sunken eyes and blue lips. I was surprised to see this kind of appearance. A third stool was passed of the same color, but very watery and without any urine. Now I could not feel the pulse at the wrist. The young boy could not speak any longer but remained lying in bed and gasping for breath with livid countenance. The whole body became icy cold and the child gradually became comatose. He did not pass any more stools. A couple of hours after the last stool was passed, incomplete reaction took place that is to say the head and chest became very hot (temp, at the axilla indicates. 104 F.) and death took place within 6 hours of the first stool. This case occured in the 7th July 1880.

CASE III.—Babu A. K. M. aged 40, a new arrival from Calcutta, passed on the forenoon of 13th July 1880 a large bilious stool succeeded by 15 or 20 rice water color stools, passing urine all the time. Had severe vomiting and cramps, thirst and restlessness.

The patient recovered. In this case urine was never suppressed.

CASE IV.—Lala P. D. aged 32—attacked with cholera on the night of the 18th July at 2 A. M. Passed all along green color stools. Did not pass any urine with the last 15 or 20 stools. There was unquenchable thirst, severe vomiting, hiccough, painful cramps and a bad form of collapse. The patient recovered. He passed urine 72 hours after the first stool.

CASE V.—(1885 Series of cases) Lala B. a clerk in the high court came home from office at 6 P. M. ordered his wife to prepare *chapaties* for him. Soon after this without any premonitory malaise or other symptoms, he, as usual, went to ease himself. He passed a large watery stool and felt very much exhausted. A quarter of an hour after this he passed a 2nd stool in bed clothes, quite unable to leave his bed, perspiring very profusely with loss of voice and thirst. When I arrived I found the patient passing stool in an earthen pot held over the bed. The stool was colorless, it was nothing but serum with no deposit, no color, no smell, there was no cramps, no vomiting, no pulse at the wrist. The patient died within an hour after my visit. The patient said that he passed urine all the time, but none saw him passing it.

CASE VI.—Babu T. N. C. aged 58 passed 20 to 25 rice water color stools, there was restlessness, rumbling of the abdomen cramps of the legs only, no vomiting at the outset of the attack, later on there was thirst but water disagreed and produced nausea and vomiting. In this case there was no suppression of urine all along. The patient died of typhoid symptoms.

CASE VII.—Lala M. P. passed 10 to 12 stools of rice water color, there was good deal of vomiting, no cramps, no suppression of urine, thirst present. Patient recovered very slowly, I saw case no 6 in consultation with Dr. S. P. Roy M. B. M. R. C. S. and no 7 with Dr. A. C. Banerjee. Thus it will be evident from the study of the foregoing cases that the most important and prominent symptoms may be absent from any cholera case, inspite of such being

genuine cases. It is therefore not advisable to give early prognosis in suspicious cases. In such cases the diagnosis should be based on general symptoms and not on the presence or absence of so-called characteristic symptoms which may or may not be present.

Clinical Cases.*

CASE I.—A boy of 13 years, named Ahmed had an attack of cholera on the 10th May. His elder brother came to me on the 14th at about 2 P. M. and informed that his younger brother was at the point of death. No sooner I was informed, I went to his house and saw the boy in the state, which was not so worse as it had been exaggerated by the elder brother of the boy. I saw the boy in the following state: He remained in the bed at perfect rest with his eyes closed, grinded his teeth very often, vomited and purged involuntarily at some interval. His stool was of bilious nature. As I called him by the name Ahmed, he began to cry, as if he was vey much displeased for disturbing the sleep. Instead of disturbing him any further, I prepared 4 doses of *cina* 200th and told his brother to make him take one dose of them. The boy was very unwilling to take the medicine, but he was forced and compelled to take it by his elder brother. Then I went away from the house, instructing his elder brother to give the other two doses after every two hours and informed me his condition just before evening i. e. after making him take two doses of the medicines. At evening when I came to see the boy with his brother who went to me before hand, I saw him in a little better state. I prescribed no medicines for the night. Next morning at about 9 A. M., I saw him in the state that made me quite astonished and hopeless of his life. His whole body from top to toe was completely doubed with oil, he was grinding

* From the report of cases treated in the Famine District of Nalhati by Dakshina Ranjan Dutta.

his teeth, his abdomen was distended, his eyes were steadily fixed on a thing as if his life was struggling to be separated from his body and he had got constant loud-sounding hiccough. When I asked his brother the cause for the application of the oil, he told me in reply that this is the custom of his country. Ordering his elder brother to rub out the oil from his body, I gave the boy one dose of *Cicuta Virosa* 6th and left two doses more with his elder brother to administer them after every hour. This medicine produced marvellous and wonderful effect on the subject in a very short time. After using two doses of the above medicine, the boy seemed to be in a far better state, even better than the day before. Now for the next two days he had no other complaints except the suppression of urine. On the 3rd day after the prescription of Cicuta Virosa, I gave him one dose of *Cantharis* 6th, which failing, I gave him another dose of the same medicine. The boy passed copious urine in the afternoon. It is not, I believe, out of place to mention here that owing to his extreme exhaustion I had allowed him to take arrowroot with water before he made water. Next day after urination, I gave him one dose of Nux Vom, 6th and ordered him also to take arrowroot. Gradually as he was getting improved, I gave him (Manda) of well boiled rice and a little quantity of the soup of fish. In this way, by the blessings of Almighty Father he was restored to his sound health at present.

CASE II.—Nassimon, a young girl of about 22 years of age, was a daughter of Keramot Ali, a Persian Moonshijee of Janghipur School. She had an attack of cholera on the 12th May, when she was 9 months pregnant. Her miscarriage took place on the 2nd day of her attack, but without shewing all the characteristic female symptoms which are present after delivery. Blood is discharged in so very little quantity, that its presence may altogether be denied. On the 6th day after delivery, her husband came to me to take medicine for her, when I was at the house of his adjacent neighbour, where I was called upon to attend another cholera

patient. I expressed my desire of seeing the state of the patient, but he totally denied, saying "Babu we are Mahomedans, we cant allow you to enter into our Zennana quarter, dont you know that Zannana system is strictly observed among our caste?" I said to him plainly that I would not prescribe medicine for her, unless I would examine her state. At last he went to his father-in-law to consult with him about this. In short, after much discussion they were prevailed upon by entreaties and sweet words to permit me to see the patient. It is proper to mention here that on the former day she was treated by an Allopathic Doctor. On the 17th May at about 3 P. M. I saw her in the following state: Her vomiting and purging had been stopped for 3 days, she had suppression of urine, great tympanitis, loud-sounding dispnœa and had lost the power of speech and sense. She sometimes attempted to turn her side, though she could not. I gave her a dose of Terebinth 6th. After two hours, to my entire astonishment, I came to learn that nearly a chatak of blood oozed out from her uterus, she passed stools 3 times, which removed her tympanitis and gave her much relief. The difficulty of breathing was also much abated. For two hours I gave her no medicines. Just at evening when I again went to her house, I saw her in somewhat bad state, her dispnœa gradually began to increase. After preparing 3 doses of Hydroianic Acid 6th I gave her one dose of it and left two doses with her father instructing him to give other two doses in the whole night. Next morning her father came to me with the news that the tympanitis of his daughter was abated but her upper and lower extremities became cold. I sent him away at once with two doses of Carbo Veg 30th advising him to give each dose after every hour. I also advised him to apply, the cold parts large bottles, filled with hot water. At about 9 A. M. when I went to see her, I saw no other complaints, except the grinding of the teeth, which she used to do at certain intervals. I prescribed a dose of cina 200th, thinking worm to be the cause of it, but it produced very little effect.

After 3 hours her father came and informed me that her abdomen was little distended and she tried to make water but in vain. I prescribed Canth 6th, prepared two doses of it with the instruction to administer each dose after every two hours. In the afternoon I was informed that the case was getting worse, though she passed but a scanty urine. I at once started for her and saw her in the dead collapse state. Her difficulty of breathing was so much aggravated and it was so loud-sounding as it could be heard from a little distance. A dose of Hydrocyanic Acid 6th was given but it did no good to her. Seing her to stand at the verge of her life I came back quite frustrated in hopes. After an hour, I came to know that the poor lady left this world.

CASE III.—Sayid Hossen, a boy of about 11 years of age, was attacked with cholera on the 13th May. He came under my treatment on the 15th at about 8 A. M.. Before he came under my treatment, he had been treated by an Allopathic Doctor with Homœopathic medicines. He gave him 3 doses of camphor and two other medicines, the name of which I do not exactly remember. I saw him in the following state :—He was very restless,—constantly shifting his place, very thirsty—drinking water very often but little at a time, complained of cutting pain in the abdomen and intense burning heat internally, great prostration and exhaustion, vomited and purged very often but the number of vomiting was greater than purging ; purging was involuntary, very small in quantity, bilious and offensive ; vomiting took place just after taking water. All these symptoms at once struck me that this was a case of Arsenic. I prepared 4 doses of Arsenic 6th, ordered his father to make him take one dose before me and left three other doses with him. I left his house instructing the old man to repeat the medicine after every hour until the vomiting and purging of the boy stopped and restlessness was much abated. The old man went to my lodging at about 2 P. M. and gave me information which was quite satisfactory. Without giving further medicine I came to his house in the

afternoon. He remained in the calm state, wanted to drink water at great interval, passed only one stool during my stay there for more than half an hour. Without prescribing any medicine for the night I told his father to give him only cold water if it would be necessary. Next morning when I went to see the boy, he attempted to rise from his bed but I prevented him to do so. He spoke to me mildly "Babu I am much better this day but I feel a little pain in the abdomen and am very hungry." I told his father to give him a little quantity of arrowroot with water. I prescribed Cantharis 6th for him, gave him a dose of it to take before me and left other two doses with his father to give each dose after every two hours, if there urine is no. Fortunately in the afternoon, after taking one dose more, he passed copious urine. I ordered him to take arrowroot with water as diet for that day. From the third day after urination, the clouds of misfortune hung over him for certain period. He began to get worse. Though he had no symptoms of cholera, he remained in a very uneasy state, always drowsy, slept with his eyes half open, expressed an unpleasing and grumbling sound when called, sometimes complained about the heaviness of the head. I gave him Opium 6th which failing to produce any effect on him, a sort of large-sized erruptions appeared on his whole body. His face and body assumed a red colour. I gave him Bell 6th and only on one occasion a dose of Apis Mell 6th. After the use of Bell 6th for 4 days, twice daily his erruptions began to subside. During next three days, the erruptions completely disappeared and with the disappearance of erruptions all other complaints were also lost sight of. He is now restored to the sound health.

CASE IV.—Hahmed, a boy of about 13 years of age and the elder brother of my foresaid patient Sayid Hossen, had an attack of Cholera on the 14th May at about 3 A. M. He was placed under my treatment on the next morning. When I saw him, he had constant vomiting and purging, great thirst for water,—thirst very often and

large quantity of water was taken at a time. He had little perspiration on the forehead and had some spasmodic tendency. I prepared 3 doses of Veratrum 6th, gave him one dose for taking and left with his father two doses more, each dose to be administered after each vomiting and purging. After the use of 3 doses of Veratrum 6th, his vomiting and purging stopped. In the afternoon when I went to see him, I saw him in a very peculiar state, though his vomiting and purging stopped; he was very much prostrated, complained of a kind of uneasy sensation throughout his whole body, felt very much internal heat and was very thirsty. I was at a loss to understand the reason of his so sudden a change. I consulted with the Bell and Laird's Diarrhœe for the above symptoms but my thirst was not satisfied fully. However after much deliberate consideration I could not help taking the assistance of so important a medicine as Arsenic 6th, the action of which is very extensive and which is so important medicine in cholera. In the very night he passed a small quantity of water and one stool. For the next three days I saw neither improvement nor worse symptoms in him. He remained in the same state, complained of the same uneasiness. I gave him sago with water for his diet during these days and a dose of Sulpe 30th for the 1st day and two doses of Ars 6th for the next two days, morning and evening. He passed scanty urine every day during this stationery state. From the 9th day the patient began to get worse. He was overtaken by complete drowsiness. He slept almost all the day with half-open eyes, pronounced muttering delirium and his sleep was sometimes disturbed as if by frightful visions. His face assumed the dark red colour. These things made me quite hopeless of his life. However depending solely on God I prescribed opium 3rd. Preparing 4 doses of this medicine, I ordered his father to make him take one dose just in my presence. I left his house after staying there for an hour, instructing him to give each dose of the remaining medicines after every three hours. For the 1st day

the medicine could not produce much effect on him but from the 2nd day the effect was clearly marked. During this amelioration, the poor patient had got scattered and irregular irruptions on the part of his body. These erruptions produced a kind of itching sensation on the affected part. I prepared 3 doses of Rhus Tox 6th and ordered his father to give each dose after every 4 hours. With the erruptions he had apthæ, for this troublesome disease I was obliged and give him a dose of Merc sol 6th. Within two days his erruptions completely disappeared. Gradually he began to recruit his health. He is now quite well.

Impotence and Sexual Irregularities in the Male.

By F. F. de Derky, M. D., Mobile, Ala.

The male generative organs consist of the testes for the production of the semen, the seminal vesicles as reservoirs, the spermatic ducts, and the conduits of the sperm. The functions of these organs are frequently deranged and their healthy action interfered with.

Perhaps no other organ or set of organs is more abused, and of no other part of our body we know less, regarding their physiological action. Even their anatomy is as yet veiled in obscurity.

Impotence is, strictly speaking, but a symptom of various idiopathic diseases, and hence the difficulty to treat of it separately. The functional disorders of these organs appear as immoderately increased sexual instinct, priapism, satyriasis, nocturnal pollutions, spermatorrhœa, and impotence. They are affections caused by a sthenic or asthenic irritation and weakness in the generative organs, by a want of tone and strength in the general constitution, and an irritability and oversensitiveness in the nervous system.

Impotence is an inability for sexual copulation from a lack of virile power, with only feeble erections or a want of them. It

should not be confounded with sterility, the latter implying an incapacity to impregnate the female ovum, which is the case only if the semen is unhealthy or deficient in spermatozoa. Both are met with occasionally in the same individual, though impotence may exist without sterility and *vice versâ*.

Absolute functional impotence is rarely met with, except in very old men and young children. Absolute organic impotence from absence or deficiency of some of the sexual organs, will not come under our consideration. We shall treat more especially of the temporary functional impotence as coming oftener under the observation of the physician, and being more amenable to medical treatment.

At the time of puberty, it frequently happens that the robust and full-blooded young man has, during the night, when asleep, an escape of semen, after which he feels relieved and easier. As long as these emissions do not occur too often, say only once a fortnight or once a week at most, they need not be considered as alarming, but should be looked upon as a natural overflow. They are brought on by dreams with erections of the penis, and the sensation of sexual intercourse, caused, may be, by too great a pressure of the sperm on the overfilled seminal vesicles. They are the more frequent if the young man is a generous feeder, a high liver, and of a robust constitution. They may take place from time to time even in middle-aged or elderly men who are or have been married and enjoyed sexual intercourse previously in moderation, but are too abstemious at present. These need not necessarily be made the object of medical treatment. If they occur every night or several times a night in the feeble and weak, with or without erections or dreams, produced by an enfeebled state of the generative organs, especially the seminal vesicles, a diseased state of the body, and a sickly mind dwelling on lascivious fancies, they are called nocturnal pollutions, and become the object of medical consideration.

Seminal emissions from a relaxed penis, without sensation or

thrill, from insignificant causes, such as pressure at stool or urination, escaping with the urine or the last few drops of urine from the urethra, constitute spermatorrhœa.

Satyriasis is not a disease of the sexual organs alone, but depends on an affection of the brain, erotic delirium. It is a constant violent sexual desire, with erection. The patient seems to have lost all shame and decency.

Priapism, on the other hand, is a continuous more or less violent erection of the penis, with a total absence of sexual desire. In this condition there may be an irresistible rage for coition, and long-continued intercourse may take place to allay the erection. Cohabitation, though, generally takes place without pleasure or ejaculation of semen, and amorous desire is entirely wanting.

The consequences of too frequent pollutions and spermatorrhœa on the system, are most pernicious. Although they have undoubtedly been exaggerated by physicans, and still more so by the poor sufferer constantly on the watch for new symptoms, racked in his mind, may be, by the consciousness of former guilt. Still as their injuriousness can hardly be overestimated, they should be looked upon in their true value. Individuals who have practiced masturbation suffer most frequently from nocturnal pollutions and spermatorrhœa.

The effects of a long-continued too great loss of semen are a gradually increasing nervousness, with lassitude, weakness, trembling of the limbs, impotence, frequent palpitation of the heart, headache, confusion of thought, with inapplicability of the mind to serious work, hypochondriasis, and even dementia, epilepsy, etc., etc.

It has been denied of late years, by close investigators, that marasmus of the spine may develop itself after long-continued loss of semen; on the contrary this disease, is considered to be the frequent cause of morbid sexual passions, and an impulse to onanism. Certainly those afflicted with tabes dorsalis are tormented with the most violent salacious and lascivious desires,

though generally impotent and incapable to gratify the natura impulse. No sooner is sexual intercourse attempted, when the watery semen flows out of the immediately relaxing penis, which has hardly been introduced into the vagina. Many of these unfortunate sufferers are incapable to control their sickly impulse to onanism, so that even in their last remaining hours on their deathbed they still succumb to the vicious habit.

The pathological condition of spermatorrhœa is thought to be chronic inflammation and irritation of the seminal vesicle and the ejaculatory canals, as also an irritation of the lower portion of the spinal marow. I say is thought to be, because some anatomists deny these conditions *in toto*, and will have found on traces of either by post-mortem examinations, and consider them only as etiological causes from rational induction.

What the pathological conditions of impotence may be, we are entirely ignorant of, as they depend mostly on the original disease.

The causes of spermatorrhœa are; masturbation; excessive sexual intercourse; repeated salacious fancies and lascivious thoughts, with excitation of the sexual organs; too great abstemiousness; diseases of the spinal marrow and cerebellum, as tabes dorsalis, etc.; diseased conditions of the anus, rectum, and intestinal canal, as constipation, piles, tumors, fistulæ ani, dairrhæa, intestinal worms, etc., etc.; overexertion of the mind, anxiety, trouble, grief, etc.; abuse of medicine and aphrodisiacs; abuse of alcoholic liquors, tobacco, coffiee, tea, etc.; a hereditary codition, transmitted from parent to offspring.

Formerly gonorrhæa was always mentioned as one of the causes of spermatorrhæa. In fact the ancients thought that gonorrhæa, as the name implies, was a flux of semen. Since closer observation have been made, and since the microscope has been employed for the detection of the spermatozoa, it has been struck off the list. The most chronic cases of gonorrhæa have never been found compllicated with spermatorrhœa. There may be many more causes

of spermatorrhœa ; they are, however, obscure and not sufficiently known.

The most prolific among the causes are undoubtedly, masturbation, sexual excesses with women, and heriditary conditions.

Masturbation stands at the head as a mean, contemptible, degenerating vice, destroying both body and mind. Mostly practiced by the younger, it retards the general development of the body, undermines the mental capacity, and lowers the victim in his own estimation. The solitary vice frequently stamps the character of those addicted to it. The practical eye may read it on the face of the victim, and in his whole demeanor. It is not confined however, to the younger only, it is practiced by men in all conditions of life and of all ages. In the young especially it favors and produces a local weaknees in the sexual organs, and a paralytic-like condition in the seminal vesicles and their orifices.

Excessive sexual intercourse stimulates the secretion of semen, which being discharged again as soon as secreted, relaxes and weaknens the whole body. Through the constant activity of the sexual organs, the seminal ducts, vesicles, and orifices of the same will lose their tone, an irritation and even chronic inflammation in these parts may be established, and thereby their elasticity and integrity destroyed and weakened.

An hereditary state of the brain and spinal marrow, however difficult to define and impossible to demonstrate, will hardly be denied. It has always been maintained by phrenologists that the amative and sexual powers are controlled and under the influence of the cerebellum; this has been denied by physiologists, and reasserted by the disciples of Gall. The matter is not settled yet. However, wasting of the testes, with a destruction of the sexual desire, and loss of the power of erection, may be caused by wounds and injuries to the head, as has been observed repeatedly. So also a blow on the head of a boy may destroy his intellect, produce, perchance, epilepsy, and cause him to masturbate by some unknown influence. Whether this influence arises from the cere-

bellum ,or cerebrum is equally unknown. It is frequently the case that those afflicted with spermatorrhœa suffered when young from enuresis. Inquiring into their history, we find that parents, grandparents, or some one in the family, had been suffering from one or other severe complaint of the nervous system.

In hereditary spermatorrhœa and impotence, Hahnemann's psora theory, or whatever you may call it, should not be lost sight of, as the two diseases will appear frequently on psoric soil. There is also a sycotic form of impotence, according to Grauvogl, with a diminution of the red corpuscles of the blood and an increase of the colorless.

Lewd dreams are not always a cause of pollutions, as they are sometimes, I might say, mostly occasioned by a plethoric state and great vigor in the sexual organs. When the dreams cease or are less pleasurable the pollutions occurring almost without a sensation, coming from a relaxed penis, the case assumes a more dangerous aspect.

Diurnal pollutions and spermatorrhœa occur in various ways, rarely, however, with erection and pleasurable sensation. Most frequently there is, during or after urination or defecation the sensation of something passing along the urethra, which on examination appear like glutinous matter at its orifice. Sometimes the discharge takes place all at once, after urination or the movement of the bowels is completed, with a kind of a shock in the perineum and neck of the bladdar, partial erection, and accompanied by some pleasurable sensation. The glutinous fluid detected at the mouth of the urethra contains not always spermatozoa, and then of course is not semen. Frequently it consists of the simple mucous discharge from the prostate and Cowper's glands. On this account a microscopic examination should never be dispensed with. No spermatorrhœa can be diagnosticated as such without the aid of the microscope to detect the spermatozoa. The discharge of prostatic fluid and even chornic gonorrhœa has been mistaken for sperm.

In long-continued spermatorrhœa we find the zoosperm less developed, deformed, of an oval or round shape, with little or no tail, and not much motion, which soon ceases entirely. The sperm is thin and watery.

The suspected fluid is easily enough obtained. If the discharge takes place at once and with a shock, it is pretty sure to be semen; but it should be collected, and a drop of it be diluted with a little water for examination. If it takes place after urination and defecation, the patient should be instructed to take a drop of the last passing fluid, squeezing the penis gently from its root towards the end, and place it no a glass slide. It should be covered with a thin glass layer, and quite firmly pressed down to diminish the thickness of the fluid and spread it out. This preparation should be placed under a good microscope. If the liquid should evaporate, the reapplication of a part of a drop of tepid water will restore it.

Spermatorrhœa may proudce symptoms similar to almost every disease of the human frame, and may lead the patient to fancy that he has heart disease, liver complaint, dyspepsia, and many other affections. This is caused by the most intimate connection that seems to exist between the sexual organs and the nervous system. What a remarkable influence the reproductive organs exercise over the body is seen by the imperfect development and deterioration of the whole frame of those castrated. And again, if we consider that the most energetic and capable men of body or mind, are generally men of warm temperaments with strong sexual passions.

The moderate indulgence of the impulse of the sexual passions in a natural way is conducive to health and well-being of the whole system, as also leads to a satisfactory feeling of vigor and strength. Hence it is that married life favour longevity.

Impotance is almost sure to follow a long-continued spermatorrhœa or loss of seminal fluid from any cause whatever. Though patients suffering from spermatorrhœa are not necessarily im-

potent, their sexual desire is, however, very much diminished. The secretion of the testes, the semen in a good and healthy condition, with an abundance of spermatozoa, and a certain accumulation of the same in the seminal vesicles is necessary for the stimulation of the external organs to procure an erection. Whatever interferes with the healthy function of the testes, or destroys the vitality of the semen, is sure to produce impotence.

Permanent complete loss of virile power is very rare. There are always periods of great sexual excitement, with more or less erection and sexual desire, which are followed again by a temdorary relaxation and want of erection, without desire, or violent sexual desire without capability to procure an erection sufficient for coitus. To enumerate all the various causes, conditions, and combinations of this symptom would lead too far, and is perhaps impossible in the present state of our knowledge.

The treatment of spermatorrhœa and impotance involves necessarily the treatment of the primary and idiopathic cause. If it can be reached, this symptom will disappear with the original disease. On the whole, the treatment is precarious and unsatisfactory. Much depend on the good judgment of the attending physician, and the confidence he is able to inspire patient with, but still more on the selection of the appropriate remedy. There are many cases which will readily yield to its proper application.

The constitutional prophylactic, hygienic, auxiliary treatment, should not be neglected. Gymnastics, general exercises, and active employment, and hard work, if it can be borne, are sometime of very high importance. The gymnastics should be the so-called medico gymnastics, and ought to be carefully selected. Besides, the use of the lifting cure, as practiced on the reactionary lifter, is a valuable assistant, not only as a prophylactic but also as a means of cure. That also should be very carefully commenced, and judiciously proceeded with.

Mental occupation, even hard brain-work, of such a kind as will interest the patient, can be made to do great service in many

cases, leading, as it were, the thoughts into a different channel.

The diet will have to be regulated; with some it may have to be restricted and cut short; stimulants, as wine or beer, coffee, tea, and tobacco, may have to be forbidden; with others, the use of wine and beer in small quantities may be invaluable. In nocturnal pollutions, the sleeping on a hard bed is recommended, and lying on the back should be avoided. Kafka recommends the tying of a cloth around the body, the hard knot on the back, if in his sleep the patient turns on it, the pressure of the uncomfortable knot will waken him.

In diurnal pollutions and spermatorrhœa it may be of service to let the patient urinate before the water presses very hard on the bladder; in other words, let him urinate often. To void the bladder previous to defecation has been advised, whether with much benefit is questionable.

The application of cold water, and its use as sitz-and general baths, sponging the whole body or the spinal column, are valuable auxiliaries. In general atony of the sexual organs, cold water may be employed as what might be called an ascending douche. The patient is made to sit over a jet of water. An ordinary syringe can be used for this by having a long nozzle adapted to it with a bend, so as to direct the stream upwards to the genitals the perineum, and the lower part of the spinal column.

In impotence and deficient erections, some curious means have been employed to rectify the weakness, and occasionally with apparently good results. I will mention only flagellation or flogging, urtication, and firing. In local weakness of the parts, when the general health is good, they occasionally do some service. Although they have been employed mostly by worn-out debauchees, they should not be discarded and thrown overboard altogether as useless on that account.

The use of electricity in the treatment of diseases of the reproductive organs has produced some good results. The most benefit may be derived from it in atonic spermatorrhœa, deficient

secretion of sperm where the nerves of the testicles are implicated; impotence from atony of the genital apparatus or from sexual hypochondria, anæsthesia of the nerves of sensation of the sexual organs, and in atonic paralytic states of the muscles assisting in erection, and those of ejaculation.

In atonic impotence and local weakness of the organs, faradization may be relied upon. One reaphor with a sponge, alternately to the small of the back, or in the centre over the os pubis, the other with the metallic brush to the perineum, on the inside of the thighs, or to the penis. Faradization may be used likewise in the atonic paralytic state of the muscles. In all the other above conditions, galvanic electricity will have to be employed, or at least will be of greater advantage, remember always that electricity is an agent equally powerful for evil as for good. In sending a current through the testicles, particularly great care has to be exercised, as these bodies are very sensitive to galvanism, and much harm may be done by too strong a current. Duchenne de Boulogne was the first to apply galvanism in spermatorrhœa, on the recommendation of M. Lallemand. He introduced a urethral reaphor to the orifices of the seminal ducts, and the other conductor moistened to the perineum. He expresses himself very cautiously in regard to his success in the treatment of this disease,

Our main dependence is the proper homœopathic remedy. To facilitate its selection, the symptoms of the remedies that have been found curative are classified here under the following heads

1. Sexual organs.
2. Penis.
3. Glans penis.
4. Prepuce.
5. Urethra.
6. Prostate.
7. Seminal vesicles.
8. Spermatic cords.
9. Testicles.

10. Scrotum.
11. Sexual desire, instinct, etc.
12. Sexual powers and passions.
13. Erections.
14. Coitus.
15. Symptoms after coitus.
16. Pollutions.
17. Spermatorrhœa.
18. Impotence.
19. Mental symptoms connected with sexual diseases and irregularities.

NOTES.

Cholera in Spain.—Cholera of a virulent type is devastating Spain. More than 28,000 deaths have already taken place. There is still no sign of decrease of the epidemic. What is Dr. Ferran doing?

Dr. Ferran's inoculation.—Dr. Ferran's theory of cholera vaccination has been exploded. Several eminent men of the profession from Germany and other parts of the continent of Europe went to Spain to investigate the truth of Dr. Ferran's sweep but they came away dissatisfied. They declare that Dr. Ferran's so called cholera vaccine was kept secret from their observation. The microscopes and other apparatuses used by Dr. Ferran are unclean and of the coursest description possible. "*Ferranisation*" therefore is evidently causing great perplexity in Spain. The Academy of medicine of Medrid is not in favor of Dr. Ferran's inoculations.

A Comparison.—Constantine Hering Said.—"*Colocynth* has a great similarity to *staphisagrea*, not only in anger, with vexation and inclination to anger but especially in abdominal colic, neuralgia, dysentery, and many other complaints. For this reason they often work well after each other or in alternation (Hon. Phys. Jane.)

To the Editors of the Indian Homœopathic Review.

Sirs,

We all know that the Homœopathic healing method is in great progress in India, its votaries are gradually increasing, dispensaries are numerous in various towns and they are all more or less in a prosperous condition. The practitioners, especially those who are conducting business in the metropolis, generally fetch a large income; though every side of the feature looks prosperous, yet there is not the slightest attempt on their part to mitigate the sufferings of the poor people who cannot afford to pay for their illness. Is there not a single heart in Calcutta or its Suburbs to do something for the really needy? I know almost all the leading Homœopaths of the town, they are all very good men, kind hearted, generous and of good circumstance, in fact they are far better off many of their allopathic brethern in every respects, still there is not a joint effort on their part to establish a Homœopathic Hospital which I think is an urgent necessity now.

I have chanced to reside in the metropolis last year during the cholera season and observed very deplorable affairs with regard to the treatment of the poor. On one occasion I voluntured to pay for the doctor and medicine but there was no body to take care of the patient and none to give him shelter in his house. I am a staunch follower of Homœopathy and from that moment it struck in my mind for a hospital. On another occasion I noticed a case of cholera in a boy of ten years, a servant in certain shop. His master threw him in the street for fear of contagion and a kind hearted gentleman happened to come to his rescue. A neighbouring kind homœopathic doctor took the sole charge of the boy and by their joint exertion, the poor lad was rescued from the certain grasp of death. I asked the doctor why not a Homœopathic hospital would come into existance? He gave me a vague answer, the purport of which seemed to me the want of exertion and union on the part of the great body of the Homœopathic practitioners. This is truly sad.

Tipperah,
10th April 1885.

Yours truly.

D——

THE MONTHLY HOMŒOPATHIC REVIEW. *(E. Gould & Son London.)*

HOMŒOPATHIC WORLD *(Homœopathic Publishing Company London.)*

THE MEDICAL COUNSELLOR *(M. C. Publishing Company Mich. United States, America.)*

UNITED STATES MEDICAL INVESTIGATOR.

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BANGABASI.

BHARATI.

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SANGIBANIE.

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SHAHAS *(Allahabad.)*

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GRAM BARTA PRAKASIKA.

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The need of a Homœopathic Hospital at Calcutta.

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That the establishment of a Homœopathic Hospital is actually necessary now, there is no room for doubt. The question that first arises is this.—if it be a necessity, why are not advocates of Homœopathy forthcoming to establish it at once? Before replying to this question we beg to point out the necessity of such a hospital. In the pages of this Journal has been pointed out more than once the great progress that Homœopathy has made in India and more specially in Calcutta. It has also been pointed out that Homœopathy is more in the hands of lay men than in those of qualified medical men. Look on England and other European countries, and you will find that Homœopathy has made rapid strides solely through the exertions and zeal of laymen. In England and other European countries laymen are not allowed to practise medicine, but in India there is no law to prevent a layman from following the vocation of a medical man. Now let us see the qualifications if any of those laymen who practise medicine, especially

homœopathy, in this country. We generally see that half-educated disappointed candidates for clerkships, village school masters and those who can not find any other vocation to maintain them, turn out homœopathic practitioners. Now a days many plucked medical students also take to homœopathy, not so much from conviction as from necessity. Bengal is at present almost deluged with such practioners. It is true that these men are half-educated and possess no special medical training; but we must admit unhesitatingly that they have been to a great extent paving the path for qualified homœopathic practitioners. We should not at the same time conceal our opinion that in many instances, on their account, the cause of homœopathy suffers irreparably and becomes ridiculous in the eyes of thoughtful men. As there is no law to prevent any one from practising medicine, and as a matter of fact hundreds, nay thousands, of men are practising medicine without, any medical training, so it should be the duty of all lovers of homœopathy to see that these laymen, before they commence to practise medicine, should receive some practical training. In order to impart practical training a hospital is an absolute necessity. The establishment of several Homœopathic schools in Calcutta shows conclusively that people are eager to take advantage of them. In the absence of a hospital these Homœopathic Schools are doing no substantial good to the country. The students here learn only the theoretical portion of homœopathy and learn the practical part only when they begin to practise, at the expense of their unwary

patients. It is well here to state once for all that we are not advocates of quackery. It is our heartfelt desire to see that none but a qualified and well-educated medical man should be allowed to practise medicine; as is in vogue in England and other European countries; but when we see that there is no law prevalent in India to prevent anybody from setting up medical practice and styling himself a doctor, then and then only are we constrained to propose that these laymen should receive some training to qualify them to practise medicine. This is one of the reasons why we so strenuously advocate the establishment of a homœopathic hospital in Calcutta.

In the second place inorder to prove the supremacy of the homœopathic mode of treatment over others we must show practical results. The superiority or inferiority of one system of medicine can only be proved by crucial test. If a homœopathic hospital be established, we can there invite our opponents and the public to see with their own eyes and examine for themselves the real efficacy and superiority of homœopathy over the other prevalent systems of medicine. A public hospital therefore is the only place where we can show and prove what real homœopathy is.

Thirdly, all lovers and advocates of homœopathy should ardently wish to proseletyse qualified medical men to the new system. The real future of homœopathy in this or in any other country depends upon the professional favor. But in order to gain this favor of the profession we must show the practical good and superior results of the homœopathic system of medicine. How can

we accomplish this object without the help of a hospital—a place where only all practical tests can be shown? A hospital is really a crucible where we are able to seperate gold from other base metals and show conclusively that real homœopathy is all gold. Qualified medical men can only be convinced by actual results and not by arguments; for practical results only can carry conviction to the minds of the sceptic. In the forth place, by a well managed homœopathic hospital we shall be able to show to the people and the government how cheaply rapidly and painlessly human sufferings can be alleviated In America the homœopaths have been able to show the superiority of homœopathy in this way and they are now enjoying all state favors equally with their allopathic brethren.

We could show hundred other reasons in favor of the establishment of a homœopathic hospital, but we are content with the reasons we have brought forward above for the consideration of our colleagues and other lovers of homœopathy. Now let us attempt to explain why advocates of homœopathy are not forthcoming to establish a homœopathic hospital at once. It really pains us to confess that the real reason of apathy of the homœopaths of Calcutta is division in their own camp. How long, we ask, will this disunion and discord continue amongst such a small body of practitioners? Should not our colleagues forget the past and join hands with each other if not for any other purpose, at least for the cause of homœopathy? Let there be personal differences of opinion amongst themselves, and

let there be personal grudge aginst each other; but let the difference what it may, for the sake of the science of homœopathy let these be subordinate to our grand aim, the progress of homœopathy, which means the lessening the pangs of disease and the death of human kind. As physicians, our chief duty and sole aim should be to cure disease and lessen human sufferings; and when we look to such a grand aim and object of life, we should forget our differences and bury the past in the past. There is a grand future before us and we should be wanting in our duty to the cause of homœopathy and to our fellow beings if we do not try our best to work conjointly for the cause of homœopathy and the good of suffering humanity.

Let a public meeting be convened in the ensuing Christmas to form a strong committee and raise subscriptions and donations to found a useful Homœopathic Hospital in Calcutta. Let all homœopaths take part in the management and working of this hospital. There can not be a grander and nobler work than this; and let all homœopaths remember that "united we rise, divided we fall."

CAPILLARY BRONCHITIS.

In the last issue of this Review we have discussed the ætiology, semeology, and other subjects connected with capillary bronchitis. It now remains for us to speak something about the therapeutics of this important disease. We have repeatedly observed the curative

virtues of the very few choiced remedies and among them we mention here *Belladonna*, *Bryonia*, *Antimonium Tart*, *Ipecac*, *Mercurius*, *Nux Vomica*, *Phosphorus*, *Spongia* and *Hepar Sulph.* This list does not exhaust the remedial measures in this disease, but we have generally found, in most of our cases, a decided superiority of them over the others put forward from time to time. Many authors, especially Hempel and his followers, bring forward *Aconite* in the front rank but we are sorry to differ from them. We should rather prefer *Belladonna* which proves very efficient in our hands. Pathogenetic *outlines* of this drug and our disease correspond so closely, that we are very sanguine of its effects and fortunately our expectations have been fulfilled. *Belladonna* is useful in both simple and advanced form of the disease. When the fever is high it acts more certainly than Aconite or any other antipyretic that we know of. The cough is at first dry, there are sonorous and sibilant rhonchi heard by auscultation, cough aggravated at night, very distressing and spasmodic, respiration difficult and painful, chest is oppressed, there are also symptoms of congestion in the thoracic organs. The ordinary brain symptoms may or may not be present. In the later stage of the disease we have scanty white or yellowish expectoration coughed up with great effort. From these remarks we may gather that in the first as well as in the serious stage of the disease, *Belladonna* may be useful.

Side by side with this, we consider *Bryonia* as the most important remedy for this affection. The fever

is not very high, tongue coated white or yellowish, it is dry, there is a good deal of thirst, bowels constipated, there is oppression in the chest, cough assumes a little moist form, expectoration begins to loosen, but it seems very hard, effort at coughing produces violent pains in the head and concussion of the whole frame. This remedy is more useful in simple catarrhal bronchitis than in this form of the disease. This medicine is very seldom used by us in cases of children.

We consider *Antimonium Tart* as the most efficacious medicine in cases of capillary bronchitis of both children and old people. Its sphere of action is very extensive. We often depend upon this as the only remedy in whatever form the disease may assume, whether light or severe. But it is must highly spoken of for the stage exudation commences, or when there is a large accumulation of mucus in the bronchial tubes but the patient is unable to throw it off owing to the weakened state of the parts. The fever is not high, temperature rises and falls in quick succession, perspiration is copious relieves the patient for a short time and is followed immediately by heat of the body, there is scarcely any thirst, the patient becomes drowsy, there is looseness of the bowels, the tongue coated white, there is tympanitis, eructation, vomiting, expectoration white and lumpy. We have often succeeded in curing cases of capillary bronchitis from the beginning to the end by the exhibition of this medicine alone. It may also be of service when the case becomes desperate, when toximia is induced by the accumulation of carbonic acid gas in the system

which is evidenced by the cyonotic appearance of the faces, difficulty of breathing, sopor, coma, delirium and unequal temperature of the body. We have seen that the lower dilutions (second and third decimal) are useful when the cough is not so loose and rattling sound is nearly absent. But as soon as the cough becomes highly loose, the sixth and higher dilutions are efficacious.

Ipecac is useful in cases of children, but our experience of this medicine is not very extended in this disease. There is mucous rales, cough is spasmotic, expectoration copious. This medicine resembles the last very closely. Old-school physicians use this drug with the view of causing emissis, thereby dislodging the mucus from the chest. But we are alive to the real clue of success.

The medicine most useful in severe cases of capillary bronchitis is *Mercurius.* The fever is very high, there is a good deal of perspiration without any relief from it, violent thirst for cold drinks, oppression in the chest, violent dry and spasmodic cough, there is evident catarrh of the intestinal canal, expectoration copious and yellow and sometimes tinged with blood. It generally checks the disease very speedily. We habitually use the lower dilution, the sixth cent.

In taking over a case of capillary bronchitis from the hand of an allopath we generally resort to *Nux Vom.* This medicine helped me a great deal in saving the lives of two children recently I came accross them in thecold season of this year. An old allopathic physician was in charge of them, but finding the imminent danger from

ing in one case to take milk. The mother called out an old woman whom the child feared always. As the old woman came near, the child shrieked, closed his eyes and his teeth began to chatter, soon after this the child had an attack of violent fever with restlessness, short breathing and starting during sleep. The parents did not know the real cause of fever, so they did not mention anything of it. I prescribed *Bell.* which did no good; then I enquired minutely and learnt that the child cought fever soon after fright; three doses of *Aconite* brought him round.

The 2nd case was that of a child six years old, he was a delicate looking nervous child, his playmates took him to a dark room and there threw over him some kind of insect and shouted "ghosts" "ghosts" to frighten him; the child fainted at once. Soon after this he came to his senses but remained lying down in bed. At 10 P. M. in the night he got a very severe attack of fever. He saw ghosts and apparitions, tried to leave his bed, slept for a while and started off again with hideous cries. A native doctor treated the child with henbane, bromide of potash and other drugs to no effect. On minute enquiry I traced the fever to the previous fright and prescribed *Aconite* at once. The child got rid of his fever together with the attendant symptoms within six hours.

6th.—*Aconite* again is a capital medicine in tickling, nocturnal cough with or without fever. In June 1882 I treated—Bahadoor deputy magistrate, for a very severe attack of cough. He for the first three days took *Hakeemee* medicines without getting any relief. On the 4th night I was called to treat him, a single dose of *Aconite* produced sound sleep and took away the cough. He described his cough as dry, painful tickling, harassing, more after midnight, got some relief only on lying on back, the cough increased from smoking and drinking iced water, in fact he felt very thirsty, (as it was in the hot month of June he tried to quench his thirst by drinking ice) but could not drink a mouthful of it without getting a very severe fit of coughing.

7th.—*Aconite* is the medicine to knock down in the bud all cases of recent cold in the head and chest. If taken within 24 to 48 hours it acts rapidly, but after 48 hours its value is doubtful.

8th.—In all cases of recent earache, head-ache and toothache from cold *Aconite* acts benificially.

9th.—In recent croup, as soon as you hear the metallic brassy cough, prescribe aconite every half hour and this fearful malady is knocked down at once. In the beginning of croup, acconite is *the* medicine, *Spongia* is not at all required. In February last a child was brought to me with croupy cough, laboured respiration, anxious look and heat of the skin. The father of the child told me that the child went to bed quite free from any complaint but at three in the morning awoke from sleep with a kind of cough resembling the barking of a dog. Since then the child could not sleep and had to be carried over. Aconite brought round the child by the same evening.

It is a curious fact I think that all the cases of croup which came under my observation generally commenced between one and three A. M. and I do not remember of any failure to bring round the children if I had got such cases within three or four hours of the attack.

10th.—The efficacy of *Aconite* in Gonorrhœa is also very marked. I treated a large number of cases successfully even before I began to practice homœopathy largely. My attention was first drawn to it by the perusal of Ringer's Hand Book of Therapeutics and when had no knowledge of homœopathy. In cases of recent attack with painful micturition and scanty hot and burning urine, passing drop by drop, coupled with a constant desire of passing urine, aconite is very useful.

11th.—In certain cases of *asthma*, *Aconite* is simply invaluable. My indication for aconite in *asthma* is that there must be pain in the chest with inability to expand the chest, feeling as if a band round the chest is preventing him to take proper breath

carbonic acid poisoning, he made over the cases to me. The patients were highly tympanitic, scarcely had any power of respiration, owing to the impediments in the abdominal cavity. Purgatives were resorted to without any help. In a few hours after the exhibition of *Nux*, our patient's bowels were relieved and they were saved. We used *Antimonium Tart* in the later stage of our treatment when they were nearly all right.

Other medicines are sometimes useful but my experience and impressions are embodied in this short paper. After a careful and judicious selection of medicines by means of our Materia medica we must stick to our remedies, they must not be too soon and too frequently changed.

As regards diet, we are very strict especially when the fever is high and when there is disorder of the bowels present. Sago, barley or arrowroot water is all that we can allow. But when the fever is decreased, when bowels all right we are somewhat liberal.

Notes by the way.

BROJENDRA NATH BANERJEE, L. M. S.

ACONITE.

I generally find that in this country there is a prevalent belief among the homœopathists that *Aconite* is indicated only when there is fever. In fact it is now very largely used both by old and new school men in cases of fever, when strictly speaking *Aconite* is not at all indicated. It is invariably prescribed in intermittent as well as in the beginning of remittent fevers and

practitioners are generally satisfied with the result. When I first began homœopathic practice seven years ago I was rather astonished to see the good results from *Aconite*. A doubt arose in my mind as to the real factor of cure in such cases. I at once began to prescribe *Aq*: *distil* in cases where I would have before unhesitatingly prescribed *Aconite*. The result was as good as it used to be with *Aconite*. I gave a very extended trial to my *Aq*: *distil* and afterwards came to the following conclusions :—

1st.—About 15 percent of fever cases are cured spontaneously. This spontaneous cure is known very well to our old grandmothers. These grandmothers' would not allow the use of any medicine in all cases of recent fever for three days. People of N. W. Provinces, as a rule do not take any medicines in acute cases of fever for three days.

2nd.—*Aconite* is only required in a limited number of intermittent and remittent fevers, when the cause is traced to cold or wet or any slight inflammations.

3rd.—When the cause of fever is traced to suppressed sweat as it often happens in this country. In such cases *Aconite* acts almost like a charm.

4th.—When during fever there is good deal of restlessness, tossing about, sudden delirium, complaining of great internal heat, anxious look, oversentiveness, despondency—if distant from near and dear ones and craving to have them by his sides at once, as he predicts that he would die in a particular day. There is or may not be chill at the beginning, if there is chill it generally commences from the feet and gradually rises up to the chests. Pulse hard, quick and full with dry heat and short and anxious breathing, there is good deal of thirst, perspiration of covered parts and desire to uncover the perspired parts.

5th.—If the cause can be traced to fright. In cases of infantile fever this fact should not be overlooked by the physicians as I have myself on enquiry learnt that little children often get fever from fright. Lately I had two such cases. The child was refus-

frequent micturition. All these symptoms are so characteristic of *Merc* that I resolved to try it at once. *Mercurius* was given continually for three weeks and to my utter astonishment the child came round perfectly, now running about and enjoying perfect health. In conclusion I would ask my colleagues not to be daunted by the severity of any disease. In homœopathy we have medicines for almost all sorts of diseases to which the human flesh is heir to. In order to treat cases like this, medical men should take careful notes not only of the local but all constitutional symptoms as well. I have thus treated many surgical cases requiring operation, by well selected medicines based on constitutional symptoms, disregarding to a certain extent the local affection and am glad to say with great success. The so-called local affections generally are nothing but part and parcels of some unrecognised and ill understood constitutional maladies. It is well here to state that I do not mean to say that *all* local diseases depend on some constitutional derangement. What I mean to say is simply this, that many medical men must have expressed that in spite of local treatment of many local diseases, they fail to remove such affections without the help of internal medicament, even many of the external parasitic diseases cannot be removed without the help of medicine taken internally. This plainly shows that even for many local diseases a peculiar diatheses or dyscrasia is required for the development of such diseases. My object of making these remarks is that most of the best writers on surgery assure us that hip-joint disease or *Morbus Coxœ* strictly speaking is a local disease and should be treated as such though they say that it may sometimes depend on constitutional disturbances. In my case there was apparently at first no previous constitutional diseases; the hectic fever and other constitutional symptoms developed afterwards. The case nevertheless was treated as a constitutional one and with success.

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II.—*Acute hydrocephalus*—Nolini Kristo Sett grand son of Babu J. M. Bysack aged about ten years, had an attack of measles on the 25th January 1885. This attack was preceded by a kind of toothache, which, the guardian of the patient says-he was subject to for some times, appearing and disappearing all on a sudden. He was cured of the measles after four or five days. He was apparently well and attended the school when on the 28th February, he got high fever, odontalgia appeared this time also as usual and was cured. He had another attack of high fever on the 13th March. He was under the treatment of a kabiraj first and then an allopathic doctor when the disease went on progressing; the boy is of a delicate constitution, subject to fever, toothache and other minor complaints. In fact he is a true picture of a Scrophulous child. The fever abates at noon when a dose of quinine was given; convulsion came on immediately after this, when I was sent for. When I reached the house, spasms were abated and the boy was crying and screaming, a shrill noise entered my ear as soon as I stepped in the house. On carefully taking down the full history of the case I learned that his private tutor gave him three or four slaps on his head on a slight provocation and the boy cried for nearly three hours. There is a distinct evidence of precocity in the boy, there is scrophulous tendency, the puple was dilated, the disease was preceded by measles, enormous development of the brain, the peculiar cry, convulsion and vomiting before convulsion point towards my diagnosis. I thought there may be tubercular deposits in the base of the brain. I gave him a dose of *Apis* 30 and the boy was doing well till the morning. On the 14th March the fever came on again when the temperature was very high. At mid-night the fever abated and terrible convulsive fits commenced. *Belladon* was given by inhalation. The convulsion renewed with much vigor and a few globules of *stramon* 6 were administered to no avail and *cuprum met* 12 were then given and much relief was

with labored, short, anxious, superficial breathing and open mouth. Sometimes the breathing is loud and noisy. I have scarcely failed with aconite when the asthmatic fit is complicated with pain in the chest during breathing.

12th.—In certain cases of *Cholera*, it was I believe Hempel who first drew the attention of the Profession to the value of *Aconite* in cholera, ushered in with severe pain in the abdomen and great prostration. I do not like to dwell upon this subject now as I shall refer to the value of aconite in cholera in a separate paper.

13th.—In *cholera infantum* aconite, if prescribed in suitable cases acts rapidly. My indication of it is that there should be either some fever with restlessness, tossing about, thirst and crying or in a few cases, with great pain in the abdomen before passing the stools, vomiting, restlessness, stoppage of urine and great thirst.

14th.—The value of *Aconite* in all sorts of inflammation is so well known that it does not require any elucidation.

Besides these aconite is used in many other cases but of which I cannot speak anything from my own practice.

Clinical Cases.

I. *Hip-joint Disease*—Babu T. C. Ghose's son aged 3 years, came under my treatment for Morbus coxae or hip-joint disease. A couple of months prior to this I had treated this child for a severe attack of remittent fever. On account of the transfer of the Babu, this boy was taken to Cawnpore where one day while walking in the street with his father, he suddenly began to limp and the father thought that perhaps the child got a sprain or hurt while walking. Since then, the child could not walk at all, the pain in the hip-joint began to increase and he became bedridden from pain

and constant slow fever. He was treated at Cawnpore by two or three Doctors who diagnosed the case to be one of fracture in the hip-joint and treated with rest and splint. A month's treatment did no good and the child began to loose flesh from the fear and loss of sleep from pain. When the case came to my hand I found the following conditions on examination :—

The child could not walk at all. If he was made to stand forcibly and walk, he would limp a few paces and cry vehemently. The pain in the joint was very severe when inter-articular pressure was made by pressing the trochantar. There was no swelling. The affected leg looked elongated, but when I measured and compared with the healthy limb there was no actual elongation. When lying down or sleeping the thigh remained adducted and flexed upon the pelvis. There was good deal of flattening of the nates on the affected side. There was no syphilitic taint nor any sign of strumous constitution.

Before commencing treatment, to make sure of my diagnosis I consulted Dr. S. P. Roy M. B. M. R. C. S. (Eng) who corroborated my diagnosis. He recommended Thomas posterior splint to keep the joint in rest and avoid all inter-articular pressure.

Treatment :—But instead of putting splint I resolved to try homœopathic medicines to remove this disease.

I was guided to select the medicine by the following constitutional symptoms :—

The abdomen across the epigastrium was tense, hard and sensitive, there was constipation with tenacious stool passed with great straining every night, there were many thread worms in these stools, urine was thick and passed with great pain and crying occasionally nothing but a few drops used to come out, thigh (affected side) sore to the touch and painful, fever of a hectic nature all along but the heat would increase at midnight every day, causing great thirst, sleeplessness and

obtained. On the 16th march a consultation was resorted to and *cicutavir* 6 was given but that did not produce the desired effect, *cuprum met* 12 was again administered and a considerable work was done by it. There was no fit since then but there was a little feverishness in the afternoon, eyes jaundiced, pulse frequent and brain was not altogether clear. At first *Apis* 30 was given and afterwards *Nux Vom* 30 which did him a great deal of good. There was no fever after a fortnight and the boy was playing but all kind of mental work was interdicted. In the meantime when I was at Monghyr the boy had toothache and *Merc sol* 30 was given to no effect, I came and gave him a few globules of *Calc carb* 30 and was all right. He is now attending the school but many work is strictly prohibited. P. C. A

III.—Babu Hory Hur Prosada Mohurer collector's office of this city; passed several stools since the night of the 26th September last; in the evening of the following day I saw him; he was passing copious rice water stools, eyes sunken, pulseless body and extremities cold, there were good deal of cramps in the lower and upper extremities, passed no urine with the last four stools, was very thirsty but unable to retain the water, twice given immediately thrown up, complained of burning sensation in the stomach and body requiring to be fanned constantly, took medicines from a meissur a native *kabiraj*.

Prescribed *Ars.* 30 in solution every hour but a man came after me, informed that the state of the patient was becoming worse, as he was unable to retain even a dose of the medicine given; gave him the same medicine in globules, along with carb veg 6th to be given every hour alternately. I saw him again at 10 P. M. of that day and found he had passed only one stool all other symptoms were still the same as stated before. A violent hiccough and hoarseness so that he could speak only in whispers; gave *Nux V.* 30 globules as an intercurrent remedy which acted as a charm as far as hiccough was concerned; next morning the pulse returned at first wiry afterwards easily per

ceptable, but the hiccough appeared again with a double force, gave *Sulphur* 30 and after an hour *Nux V.* 30 again which stopped this symptom at once. In the evening I saw him complaining of weakness and no desire for food, gave China 30 in globules.

About 11 P. M., I heard that he passed two stools and a large quantity of foetid urine next morning asked for food, gave him sago and *gandavadala* soup. No more complaint except weakness.

IV.—A mahomedan inhabitant of Kasimbazar a Mohalla of this city, aged about 28 years suffering from cholera since the noon of the 4th instant. I was called at about half past eight P. M. when the patient was in a state of collapse and the following symptoms occurred.

Scanty rice water discharges, chilliness accompained with burning sensation in the stomach: rapid loss of strength and extreme protration, insatiable thirst, inability to swallow more than a few drops, severe spasms and cramps in the legs and hands clammy sweat over the forehead hollow sunken cadaverous appearance of the features. Pulseless, lips dry; tongue cracked and blueish: suppression of urine, oppressed breathing, coldness of the breath. The relatives around were crying hopelessly.

On my inquiry as to the cause of the attack one of his relative stated as follows.

In the morning he, the patient, went to bury a relative who died of cholera; on his return he passed two liquid stools on the way and fell down then and there senseless; the other persons who also accompained him, have brought him on their shoulders to his place when his sense returned, he passed no stools till 4 P. M. afterwards he again passed one stool not less than 3 seers. I gave him *Ars* and *Carb veg* 6th in solution every half hours alternately; on the next morning I could not go to see him until I heard that the patient is still alive. A person came to me the next morning about 7 A. M., and informed me that the man is now perfectly well, his pulse returned, body became warm, no cramps, no spasms &c., nothing of the kind, he passed urine in

the morning and is sleeping since then, the only thing he has got is that his body very warm and severe and slight pain in the right side of his breast with little cough; he passed no stools since the administration of the medicines. No appetite; I immediately went to see the patient and was convinced that the statement of the bearer was correct. I gave *Bry* 12th in solution one dose morning and evening.

The next day the man got rice and became perfectly well.

Sexual irregularities in the male.

By F. F. De Darky, M. D.

Sexual organs.

Sexual organs, bloated, relaxed, and sweaty, Cal. seg.

Sexual organs, burning in the, with excitation to discharge semen. Stann.

Sexual organs, cold and relaxed, Gels. s. v.

Sexual organs, cold and relaxed, almost insensible, no erection for many days, Diosc. vill.

Sexual organs, coldness of the, Agn. cast., Cann., Caps., Merc. v., Sulph.

Sexual organs, coldness, feeling of, and cold perspiration on the, Cal. seg.

Sexual organs, crawling in the, Acon.

Sexual organs, dropsical swelling of the, Lycop.

Sexual organs, extreme excitement of the, with stupor, Stram.

Sexual organs, falling off of the hair of the, Bell., Hell., Nat. c., Nat. m., Nit. ac., Phos. ac., Sinap., Selen., Zinc.

Sexual organs, inclination to touch the, Bufo.

Sexual organs, irritation, voluptuous, of the, Graph.

Sexual organs, itching and coldness of the, Iris. vers.

Sexual organs, itching and weakness of the, Sepia.

Sexual organs, itching of the, and the scrotum, excessive, extending to the anus, with profuse perspiration on the scrotum, evenings and nights, with a pollution, Magn. mur.

Sexual organs, itching of the, especially of the scrotum, Am. carb

Sexual organs, itching of the, with a humid spot on the scrotum, Silic.

Sexual organs, itching of the, Agar. m., Ambra. gr., Amm. c., Calc. c., Cans., Canth, Carb. v., Cen. m., Graph., Hep. s., Ign., Kali c., Lyc., Magn. m., Merc. v., Nat. m., Nit. ac., Nux v., Puls., Sep., Sil., Sulph., Thuja occ.

Sexual organs, lancing and pressing pains in the, Bell.

Sexual organs, numbness in the, Baryta c.

Sexual organs, numbness in the, with violent erections in the mornings, without sexual desire, Ambr. gr.

Sexual organs, relaxation and weakness of the, Plumb.

Sexual organs, relaxed, with diminished or increased sexual desire, Acon.

Sexual organs, relaxed, with desire, Nux. mosch.

Sexual organs, relaxed, no inclination to coitus, Hell.

Sexual organs, sensation of weakness in the, with pressing-drawing in the testes and in the spermatic cord, as if it was drawing out, Mangan.

Sexual organs, sensation of unbearable voluptuousness in the, and in the whole body, even until discharge of semen, Stann.

Sexual organs, sensation voluptuous, lasting, violent in the internal, without irritation in the external, Ambr. gr.

Sexual organs, shrivelled, sexual desire wanting, Arg. nit.

Sexual organs smell strong and badly, Nat. m., Sarsap., Sulph.

Sexual organs, soreness between the genitals and thighs, Merc. viv.

Sexual organs, spots, yellowish-brown, on the, and abdomen, Cobaltum.

Sexual organs, stench intolerable about the, Sarsap.

Sexual organs, stitching and burning in the, Calc. c.

Sexual organs, sweat cold, and feeling of coldness of the, Cal. seg.

Sexual organs, sweat profuse on the, Cor. rub., Sepia.

Sexual organs, sweat profuse between the thighs, humid sore-

ness between scrotum and thighs, Hep. s.

Sexual organs, scrotum, strong smelling on the, Dioscor. vill.

Sexual organs, sweat stinking on the, Sulph.

Sexual organs, sweat on the, at night, Bell.

Sexual organs, sweat on the, when walking, Merc. viv.

Sexual organs, sweat on the, profuse, smelling like honey, Thuja occ.

Sexual organs, sweat on the, and abdomen in sitting, Selen.

Sexual organs, weakness of the, coldness, Camph., Ign., Plumb.

Sexual organs, weakness of the, with a bruised pain in the os sacrum, Oxal. ac.

Sexual organs, great weakness in the, and adjacent parts, with pain in the perineum on sitting, Lyc.

Sexual organs, great weakness in the, erections wanting or too feeble and too short, Nux mosch.

Sexual organs, great weakness in the, sensation of impotence, Mur. ac., Nat. mur.

Sexual system greatly depressed for weeks, with great elevation of the scrotum, Ustil. maid.

Excoriation between the thighs, especially when walking, Sulph.

Mons veneris, falling off of the hair of the, Bell., Hell., Nat. c., Nat. m., Nit. ac., Sarsap., Sel.

Mons veneris, itching of the, Agar., Carb. v., Kali c., Sulph.

Mons veneris, itching and moistening on the, Sulph.

Perineum, sweat on the, Con. m.

Perineum, pain in the, with great weakness of the generative organs and adjacent parts, Lyc.

Penis.

Penis and scrotum shrivelled and drawn up, Carbur. sulph.

Penis becomes relaxed during coitus, Nux vom.

Penis, burning in the, frequent erections early in the mornings with, Magn. m.

Penis cold and relaxed, with impotence, Canth.

Penis discolored, bluish, and cold, the whole, the foreskin is drawn back, Sulph.

Penis excoriates easily during coitus and even from an erection. Anath. mur.

Penis, itching of the, Cann., Ign., Nit. ac., Oleum an.

Penis, jerking in the, almost like ejaculation of semen, Stann.

Penis, jerking in the, as if a nerve was stretched and snapped asunder, Thuja.

Penis, pain in the extremity of the, with severe lancinations in the testicles, Nuph. Lut.

Penis relaxed, with great sexual excitement, Agar. musc.

Penis relaxed, with voluptuous fancies, Aur. met.

Penis relaxed, with sexual desire, or painful erections without sexual desire, Cal. seg.

Penis shrivelled, cold, and without erection. Impotence of several years standing, Lycop.

Penis shrunk, and testicle cold, Aloes.

Penis, stinging in the, Merc. viv., Sulph., Thuja occ.

Penis, stitches, itching, cutting, and burning in the, Oleum an.

Penis, stitches in the, and prepuce, Puls.

Penis, swelling of the lymphatic vessels along the, Merc. v.

Penis, weakness of the, with imperfect erections, Merc. viv.

Glans penis and frænulum, sycotic excrescences on the, horn-like, or wetting, oozing or itching, especially during new and increasing moon, Thuja occ.

Glans penis and prepuce, painful swelling and inflammation of the, Merc. v.

Glans penis, behind the corona humid soft excrescences, itching on being rubbed, Staph.

Glans penis, behind the corona increased secretion of smegma, Nux v.

Glans penis, behind the corona quantity of yellowish humor, Lycop.

Glans penis, sharp, shooting stitches through the, and in the end of the penis, Merc. prot.

Glans penis, tingling in the, Merc. viv.

Glans penis, titillation and itching on the, Nat. mur.

Glans penis, voluptuous itching on the corona of the, Mangan.

Prepuce and glans, swelling, inflammation, and easy excoriation, Nat. carb.

Glans penis, burning stitches in the, burning pain, and soon afterwards urging to urinate, Stann.

Glans penis, burning jerkings in the, from the seminal vesicles, Mangan.

Glans penis, coldness and shrinking of the, Merc. viv.

Glans penis, dampness of the, Alum., China, Lyc., Merc. v., Nat. c., Nat. m., Nit. ac., Nux vom., Sep., Sulph., Thuj. occ.

Glans penis, dryness and redness of the, covered with small red dots, Cal. seg.

Glans penis, itching of the, Ars., Cann., Mangan., Merc. viv., Nux. v., Silic.

Glans penis, itching of the, with biting and burning, Nux vom.

Prepuce and scrotum, blisters on the, Graph.

Prepuce, dryness of the, Alum., Calad. seg., Ign., Mur. ac., Nat. c., Nux v., Sil.

Prepuce, herpes on the, Sarsap.

Prepuce, œdematous swelling of the, or blisters on it and the scrotum, Graph.

Prepuce is drawn back, Cal. seg., Ign., Nat. mur., Nux v., Prun. spin., Sulph.

Prepuce is drawn back, the penis is getting smaller, Prun. spin.

Prepuce is drawn back, the whole penis is discolored, bluish, and cold, Sulph.

Prepuce is thick and inflamed, Elaps. cor.

Prepuce itching, biting, or stitching on the inner and upper side of the, Pulsat.

Prepuce, itching of the internal surface of the, Lycop.

Prepuce, itching of the, Acon., Ars., Cann., Euphor. off., Lyc., Merc. v., Nit. ac., Nux v., Puls., Sil., Sep.

Prepuce, itching in the, Camph.

Prepuce itches voluptuously, Euphor. off.

Prepuce, on the edges of the, sycótic excrescences itching and burning, Psorinum.

Prepuce remains behind the glans after coition, painful and swollen, Cal. seg.

Prepuce, stinging in the, Arg., Merc. v., Puls.

Prepuce, stitches in the, Mangan, Puls.

Prepuce is swollen, the margin feels sore on touching it, Corall rub.

Prepuce, the border of the, is swollen and sore, with smarting during micturition, Cal. seg.

Prepuce, tingling in the, Merc. v., Phos. ac.

Prepuce is ulcerating, and itches continually, Sep.

Urethra, burning in the, after coitus, Sulph. ac.

Urethra, crawling and tearing in the, after erections, Amb. gr.

Urethra, cutting in the, Nat mur.

Urethra, cutting pain in the, during ejaculation of semen, Borax.

Urethra, discharge of mucus from the, Ferr. met.

Urethra feels as if stretched, Arg. n.

Urethra, fluid, sticky on the, after sensation as if a pollution should take place, without discharge of semen, Digit.

Urethra, pain in the, after copious pollution, Digit.

Urethra, sensation at the point of the, as if an acrid drop squeezed itself out, Selen.

Urethra, sensation as if a drop was running through the, Thuja occ.

Urethra, sensation of squeezing along the, a drop oozing out afterwards, Selen.

Urethra, sensation of stricture in the, as if the semen could not pass, with pollution, Thuja. occ.

Urethra, stitches in the, with urging to urinate, Thuja occ.

Urethra, smarting during urination, with swelling and soreness of the border of the foreskin, Cal. seg.

Prostate, burning in the, with frequent erections and gnawing pains in the testicles, Phos. ac.

Prostate, inflammation of the, Acon., Agn. c., Aur., Cann., Canth., Merc. v., Puls., Sulph., Thuja occ.

Prostate, pressing in the, Oleum an.

Discharge of prostatic fluid, Alum., Amm. c., Anac., Aur., Bell, Calc. c., Carb. v., Con. mac., Digit., Euphor. off., Hep. s., Ign., Lycop., Magn. c., Matico, Nat. c., Nat. m,, Nit. ac., Nux m., Nux v., Phos., Phos. ac., P uls., Selen., Sep., Sil., Staph. Sulph., Thuja occ., Zincum.

Discharge of prostatic fluid, after titillation on the glans penis Inflammation of the prostate, Puls.

Discharge of prostatic fluid, after urination and during hard and soft stool, Anac.

Discharge of prostatic fluid, after urination and stool, in long threads, or white like milk, Sulph.

Discharge of prostatic fluid, after urination, or with difficult stool, Nat. carb.

Discharge of prostatic fluid, caused by masturbation, by abuse of alcoholic liquors, coffee, sedentary habits, and mental exertion, Nux vom.

Discharge of prostatic fluid during every emotion. When pressing to stool, Con. m.

Discharge of prostatic fluid during hard stool, Alum., Anacard., Phos.

Discharge of prostatic fluid during stool, hard stool, urination, and at other times, Hep. sulph.

Discharge of prostatic fluid, early in the morning, Thuja occ.

Discharge of prostatic fluid from a relaxed penis, Aur. met., Bell., Euphor. off.

Discharge of prostatic fluid, like milk, after hard stool, Amm. c.

Discharge of prostatic fluid, profuse, with very excited sexual instinct, Anacard.

Discharge of prostatic fluid, profuse, during lascivious thoughts, from the slightest excitement, without erection, Nat. mur.

Discharge of prostatic fluid, profuse, without cause, Zincum.

Discharge of prostatic fluid, when pressing to stool, Carb. veg., Con. m., Ign.

Discharge of prostatic fluid, while passing wind, Magn. carb.

Discharge of prostatic fluid, while sitting still or on walking, with very disagreeable sensation, or before and after stool, Selen.

Discharge of prostatic fluid, with difficult stool, Silic., Staph.

Discharge of prostatic fluid, with great lewdness, without erection, Lycop.

Discharge of prostatic fluid, with slight voluptuous sensation and feeble erections, Matico.

Seminal vesicles, burning in the region of the, Ambra gr.

Seminal vesicles, irritability of the, Gels.

Seminal vesicles, itching irritation to void the semen, early, in bed, almost without erection, in the region of the, Puls.

Seminal vesicles, jerking from the, to the glans penis, Mangan.

Seminal vesicles, weakness of the, spermatorrhœa, Bell.

Spermatic cords, continual pain the running up, Phytol. deo.

Spermatic cords, contraction of the, Alum., Nux v.

Spermatic cords, drawing in the, Agar., Agn. c., Mangan., Merc. v., Nit. ac., Nux v., Puls., Zincum.

Spermatic cords, drawing, choking pains in the, also in relaxed testicles, mostly during and after erections, Amm. carb.

Spermatic cords, drawing pains in the, and testicles, Psorinum.

Spermatic cords, drawing tension in the, Phos.

Spermatic cords, drawing up the, and in the, testicles, Zincum.

Spermatic cords, hardness of the, Phos. ac.

Spermatic cords, inflammation of the, Nux v., Puls.

Spermatic cords, itching of the, Mangan.

Spermatic cords, jerking of the, Mang., Plumb.

Spermatic cords, pressing-drawing in the, as if it was drawing out, with sensation of weakness in the generative organs, Mangan

Spermatic cords, sensation of weakness in the, and testes, Merc. viv.

Spermatic cords, sensation of stitches and tension in the, and testicles, Sulph.

Spermatic cords, pressure in the, Sulph.

Spermatic cords, sensation of fulness in both, Fluor. ac.

Spermatic cords, sensation of strangling in the, Nux v.

Spermatic cords, stinging in the, Nux v., Sulph., Thuja occ.

Spermatic cords, stinging and spasmodic drawing, extending from the testicles, which are hard, hot, and swollen; Nux v.

Spermatic cords, swelling of the, Cann., China., Kali c., Nit. ac Phos., Phos. ac., Puls.

Spermatic cords, swelling of the, and testes, China., Kali carb.

Spermatic cords swollen, with tensive pain, right testicle is drawn up and swollen, the left is hanging down, Puls.

Spermatic cords, tearing and drawing from the abdomen through the, to the testicles, Puls.

Spermatic cords, tearing in the, evenings, in bed, Bell.

Spermatic cords, tension in the, Sulph.

Spermatic cords, tension in the, drawing pain in the testes with contractive pain and contraction in the scrotum, Cann.

Spermatic cords, tingling in the, Merc. viv.

Left spermatic cord, jerking-stitching pain in the, and left testicles, Carbur. sulph.

Right spermatic cord, contraction in the, with pain in the testicles, Alum.

Review.

The Family Homœopathists by E. B. Shuldham M. A., M. D., M. R. C. S., published by E. Gould & Son of London.

This little volume has already run on five editions. This very fact speaks volumes in its favor. Dr. Shuldham is a well known learned homœopath and was for several years editor of the Homœopathic World. This book has maintained the reputation of its author who is remarkable for his facile pen. In a small volume of 150 pages Dr. Shuldham has given the history of homœopathy, its advantages and its statistics, hints on health, directions of taking the medicines, short Materia Medica as well as chapter on all important diseases including disease of women. The description of the diseases and their treatment are clear and concise and we are sure they will commend to the heads of families not acquainted with technical medical and Scientific terms. This little book should be in the hands of every lay-man wishing to give relief to his family in common ailments.

Vaccinosis and homœoprophylaxis By J. Compton Burnett M. D. Published by the Homœopathic Publishing Co., London.

This small but highly suggestive book consists of two parts viz. vaccinosis and homœoprophylaxis. Both these terms have been first used in English medical literature by the versatile author of the book under review. Dr. Burnett considers vaccinosis a subdivision of the Sycosis of Hahnemann. This book treats not only the theoretical but as well as the practical or clinical portion of this subject and we therefore consider it to be specially suggestive and instructive. That there is such a thing as vaccinosis is beyond any doubt. We ourselves recognised this long ago but did not or could not coin any new word to express our idea. While admitting the existence of the morbid

state of vaccinosis we certainly can not go the length Dr. Burnett has gone. The author has not been able to show sufficient reasons for counting his recorded cases as those of vaccinosis. We, however, think that first five cases are good illustrations of vaccinosis, the rest of the cases are doubtful owing because the morbid state of vaccinosis has been so ill-understood and ignored that we have not sufficient clinical data to prove that *styes, neuralgis, paresis, alopecia* &c. may be due directly to vaccinosis Dr. Burnett has done well in directing the attention of the profession to a morbid state which is up to this time, either ignored or not well understood. The impetus thus given to this branch of study will in futures, we are confident, bear good fruit.

The second part of the book dwells on Homœoprophylaxis. We are firm believers in Homœoprophylaxis. Like Dr. Burnett we are in the habit of attending our smallpox patients fortified by the internal use of vaccinin. We have seen 3 or 4 worst forms of smallpox epidemics in Allahabad. We have freely given vaccinin 30 to the attendants of such cases who were unvaccinated and we do not remember of any cases of infection amongst them; we are also in the habit of protecting unvaccinated children by the use of vaccinin, variolin and thuja during small epidemics, especially when these children suffer from diarrhœa, fever, cough &c. to prevent them to be vaccinated. We have also seen good uses of cuprum, veratrum and camphor taken internally as prophylactic measures against cholera.

While admiting thus far, we do not at all agree with Dr. Burnett as to the deteriorated value he puts forth of vaccination. It is true that vaccination does sometimes produce ill-effects but not to such an extent as Dr. Burnett alleges. He farther says that vaccination protects only those who are less prone to get small pox. He has certainly failed to prove this bold assertion by any clinical facts or theoretical reasons. Dr. Burnett says that "in judging of the ill-effects of vaccination, only the mortality is considered as a general rule by the pro-vaccinists. By giving

attention to vaccinational morbility (the vaccinosis of the little treatise) I have been enabled to do some notably clinical good work," &c., then he goes on to say we must take accurate account of the morbility (promanents to take a given disease) as well as of the mortality and morbidity (the quantity of ill-health of the living). It is next to impossible to take reliable statistics of morbility and morbidity but the general experience of medical men and the public is, that successful vaccination is a potent protective against smallpox. Now, in the city of Allahabad the population consists of Hindoos, Mahomedans, Europeans, Bengalis, East Indians &c. the latter three classes as a rule vaccinate and revaccinate their children. The result is that children of these classes as a rule escape from attacks of small pox even when it rages epedemically. There is another evident proof of the escape of those classes from smallpox, viz. the faces of Bengalis, Europeans and Euratians are scarcely to be seen disfigured by marks of smallpox. Surgeon Major Pringle late Deputy Sanitary commissioner and Superintendent of vaccination of the 2nd circle N. W. Provinces, a few months ago read a very valuable and instructive paper on vaccanition, in a meeting of the expedermiological society of London. He contends that if vacciniation is performed successfully it does not at all require re-vaccination for further protection. He proved his assertion by sufficient facts and figures. Whatever may the antivaccinatists say, it is a potent fact to us that vaccination is really a poten prophylaxis against attacks of smallpox. We also admit that Jennerean vaccination only proves Homœoprophylaxis more clearly than any other facts.

Though in certain points we differ from Dr. Burnett but we unhesitatingly pronounce his book written in a very clear style and forcible language, as a very valuable addition to our literature. We are sure the book will amply repay perusal and it should be in the library of all practical physicians as it requires careful study.

NOTES.

Oxaluria.—Professor Cantini prescribes in this condition half a litre of Bilir water daily and a diet consisting exclusively of meat, eggs, beef-tea, and fish. Everything else is forbidden—such is green vegetables, fruit, starchy food, milk, tea and coffee. A patient a lady aged forty four, suffering severely from the affection after a week of this diet was nearly better and in eight weeks the urine was normal and health completely restored (North American Journal of Homœopathy.)

Death after the use of Antipyria.—As a rule, it appears to be a drug the administration of which is not followed by any unpleasant symptoms, the vomiting, a peculiar exanthematous resembling measles and as in the case referred to by Mr. Blore in the Lancet, collapse have followed its use resulting in death.

Sulph—carbol—The antiseptic and antifirmlatative properties of the compound are remarkable, and it has the advantage over Carbolic Acid of being soluble in water in all proportions and of being neither poisonous nor caustic. It is simply, rose colored liquid, of pungent odour but no wise disagreeable in solution. It is volatilized in a water bath and may be used for fumigation. It was discovered in 1841 by Laurent and has since then engaged the attention of chemists. Recently its properties have been investigated by M. F. Vegier with the assistance and in the laboratory of M. Laborde and its great antiseptic power have been duly demonstrated (Braithwates Retrospect.)

A new discovery ! ! —Acute epididymitis *Pulsatilla.* Dr. Borchein in the journal of cutaneous and venerial Diseases says :—"Numerous disappointments in the treatment of this disagreeable and painfull affection by the usual methods and the perusal of a few brief articles published in the journals at various times by Piffard, Sturgis and Fox of New York, have led me to employ experimentally the tincture of Pulsatilla and I am pleased to state, to my complete satisfaction." Dr. Berchein says that he procured the tincture from Boericke and Tafel of New York, a homœopathic chemist and that he found that smaller doses only effect cure. Now will Piffard, Sturgis and Fox tell us how they first learnt the use of Pulsatilla in epididymitis ?

AGUE OR INTERMITTENT FEVER. *(by M. D. O' Connell M. D., M. Ch .L. M., Surgeon Major. Calcutta, Thaker Spink & Co.* 1885.

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Is Cholera Communicable by Human intercourse &c.?

BY BROJENDRA NATH BANERJEE, L. M. S.

It is no doubt a matter of surprise how, in the face of such incontrovertible facts and figures, Surgeon-General Cunningham, late sanitary commissioner with the Government of India, contends that cholera can not be spread into uninfected spots by human intercourse. I advisedly say it is a matter of surprise, because Surgeon General Cunningham, of all authorities on cholera, had immense advantages and opportunities to investigate this most important question. I give him the credit for his honest opinion and conviction, but it is admitted on all hands that Surgeon General Cunningham has not been able to prove his assertion by sufficient facts and figures.

With regard to Dr. Cunningham's strange assertion, the Hon'ble Surgeon General Cornish of Madras makes some pertinent remarks in his anniversary address as President of the South India Branch, British Medical Association. Dr. Cunnigham believes that "diseases,

like anything else, are due to a cause that produces them, but it by no means follows that this cause is an entity. Disease may be due, as many other things are due to a mere *force*. The greatest powers in the world are not entities at all, such for example, as light and electricity, heat and cold. No one doubts the power, and yet in not one of them are the tremendous results to be ascribed to the existence of any entity, to anything which can be seen by the naked eyes or demonstrated under the most powerful microscope. × × × The atmosphere and other conditions under which people live are of far more importance to health than is generally supposed in these days.*" On this Dr. Cornish says "the conclusions arrived at by Dr. Cunningham are that none of the usually accepted theories of cholera production harmonizes with the facts and his own theory, in so far as he has, one would seem to point to some unknown "force or atmospheric condition." Of course we must admit that there may be forces in nature of which we know nothing **. It is certainly the duty of any one who believes that an unknown "force" produces cholera, to give some of the principal facts on which the belief is based. Dr. Cunningham has advanced no such facts. And in regard to the supposed "atmospheric conditions," is there a single case on record when cholera has broken out in ships at sea after an absence of a certain number of days from an infected part? I am not acquainted with any such case, and the fact that there are no such cases goes to prove that

* *Cholera. What can the State do to prevent it?*

atmospheric "conditions" where there is no terrestrial taint, cannot produce cholera." In order to settle the contagious or non-contagious character of cholera, Dr. Cornish very properly suggests that advantage should be taken of the large number of persons (from 3° to 400 annually) who undergo capital punishment. He aptly says "could it not be so arranged that a small portion of the animal victims of the hangman might be spared the final execution of the judicial sentence on something like these conditions, *viz*, (1) to subject themselves to scientific experimentation (after due warning) in reference to the artificial production of cholera, and (2) that surviving such experimentation their lives should be spared either in confinement or otherwise as the State would be pleased to direct?" I think this is the most practical way to arrive once for all, at the real truth. I have no faith in the conclusions arrived at by experiment on animals, because human life is so different from that of animal life. Homœopathy itself is built solely on experimentation on human beings; hence the value and superiority of the Homœopathic system of medicine over all other systems.

Dr. Cunningham has apparently disregarded "the study and experience of local epidemics while formulating his views on the subject for a study of the general history." "He has, as it were," says Dr. Moore, "held the eel of science by the tail while neglecting to grasp the body."

In the September number of the Indian Medical Gazette Surgeon-General Moore has written a very

valuable paper on the "cause of cholera," showing the utterly untenable views of Dr. Cunningham. I advise my readers to read it *in extenso*. I shall be content here to give a brief *resume* of this paper, as my views exactly coincide with those of Dr. Moore. He says: "My idea of cholera is an unknown atmospheric condition occuring more frequently in eastern than in western countries, and more frequently in hot than in cold climates; certain but unknown conditions of matter presenting most usually in unsanitary localities; the two factors generating an invincible chemically and microscopically unrecognizable germ, which may be conveyed in all directions by human beings, by clothing, by some varieties of merchandize, by water, by food, by insects, especially flies, or through the atmosphere to a very limited but undiscovered and variable extent as regards both distance and time; and probably in a more certain manner and in a more virulent form and to a greater distance, if favourable atmospheric conditions prevail. These ideas do not credit Bengal with being the home and birth-place of cholera, and they are opposed to the assumption of cholera being a malady which must spread in a definite direction from east to west. In fact, the records of one epidemic (1840), show that it was presumed to have spread in an opposite course. Imported into China by troops from India, it is said to have spread *down* into Burmah, afterwards from Bokhara *down* to Peshawar, and then *down* the river Indus to Tatta Kurachee, and other places in Sind. I believe western epidemics would occur exactly the

same if there were no eastern epidemics. The attention of the sanitary Commissioner's Department has been so much directed to western countries that cholera to the east of India has not been sought for. Moreover, we have comparatively little knowledge of what occurs in countries east of India. When cholera has not been directly communicated by infection (i. e. through the atmosphere) or by contagion (i. e. by conveying media), I believe it results from a *de novo* formation of the cause And I believe it generally does so result, as the extent of infection through the atmosphere must be comparatively limited: (fresh air destroying the germs,) and as conveyance by media must have a limit in point of time; for it is not probable that germs remain vital indefinitely, however, well preserved they may be in favouring media. Disputing *de novo* origin appears to me untenable, for it limits power to one act of generation, and I hold that what has been produced may be produced again. When in the presumed onward westerly march of epidemics, dates have not fitted, the theory of the *re-vitalization* of the germs of a previous epidemic has been brought forward as explanation. A revitalization theory is as difficult to understand as a *de novo* theory; and as it assumes the dormant condition of germs for an indefinite period of years, it is much less probable.

Surgeon-Major Gopal Chunder Roy sometime ago recorded (Indian Medical Gazette) an outbreak of cholera in a healthy locality, the cholera poison being conveyed by two persons coming from an infected area. I myself,

am aware of several instances of such communications of cholera to healthy places by pilgrims returning home, who had been dispersed by the authorities on account of an outbreak of cholera during the last *kumbha mela* at Allahabad. It was noticed by the Sanitary Commissioner of the N. W. Provinces, that these outbreaks were generally limited either to the household or neighbourhood of persons coming or returning from the infected *mela*. I received several letters from my medical friends at different parts of N. W. Provinces, informing me of cholera, believed to have been brought by persons visiting the *kumbha mela*. In December last I was called to treat two cases of cholera. At this time of the year there was not a single case of cholera in Allahabad city. On enquiry I learnt that a person, whose mother had died of cholera, came from Benares (where cholera was prevalent) and stayed at the house for a day and thus communicated cholera to two of the inmates. Both the patients recovered. Since that time up to June 1885 there was not a single case of cholera in the Allahabad city.

Surgeon-Major Garden, civil Surgeon of Saharanpore, in the September number of the Indian Medical Gazette, cites several reliable cases of cholera occuring at Saharanpore, propagated by dispersed pilgrims from Hardwar fair 1885, where a cholera epidemic had broken out during the *mela*.

It is admitted by all authorities that nothing is known definitely how such infections take place. It is also a fact that cholera is not such an infectious or contagious

disease as smallpox, but communicability of cholera by means of human intercourse, food, water and atmospheric air has almost been proved. In order, however, to ascertain the exact nature of the infection, direct experimentation on man, as suggested by Dr. Cornish, is absolutely necessary. Dr. Koch and others may boast of their discovery of comma-shaped bacilli as the cause of cholera; but neither Koch nor any of his adherents has been able to demonstrate these so-called bacilli as the real cholera germs. On the other hand it remains to be settled "whether these minute forms of living structure are products or causes of the disease." Drs. D. M. Cunningham and Lewis' researches show that these bacilli could be detected even in apthous sore and dysentry.

Drs. E. Klein and Heneage Gibbes, who last year came out to India to investigate Koch's bacilli, have issued a report entitled "An Inquiry into the Etiology of Asiatic cholera." In this report they have conclusively demonstrated that the comma-shaped bacilli ordinarily found in cholera do not induce that disease in lower animals, and that there are no real grounds for assuming that they do so in man. Taking all facts into consideration I believe these *bacilli* are rather the products than causes of cholera.

A Case of Fistula Urinalis

By Brojendra Nath Banerjee, L. M. S.

I. Mahomed———aged 48, came under my treatment on the 19th September 1884, for an urinal fistula on the under surface of the urethra and midway between the anal orifice and base of scrotum. The external opening was found, on examination, about half an inch in length and the internal one admitted the bulbous end of the probe. The skin on both sides of the external opening was found thickened. The urine during its passage through the urethral canal partly escaped through this fistulous opening.

Previous History. The patient never had syphilis or gonorrhœa, nor had he any urethral stricture. About three years ago he had a large abscess in his perenial region, but for the fear of the surgeon's lancet, he did not show it to any medical man. He called in a *Zarra* (quack surgeon) and underwent his treatment. The abscess burst of itself after a month from its commencement, producing a fistulous opening in the urethra.

Symptoms which guided me to select the medicine and bring about a radical cure :—The patient, a *moulvie* or teacher of Persian by profession, was oversensitive and irritable. He assured me that the irritability was due to his constantly getting painful boils on the head and neck. He had good many small boils or pimples on his scalp which were sore to the touch and caused his hairs to fall off considerably. He became very susceptible to cold, which he attributed to the falling off of his hairs. On account of getting constant attacks of cold, he used to complain of a good deal of pain in the throat, aggravated during the act of deglutition. On examining the throat, I found both tonsils enlarged and the whole throat congested. He was subject to dry and hard stools. There was great burning during the passage of both stools and urine. Painful erections in the night sometimes would disturb his sleep. These then were the principal symptoms which guided me to select. *Hepar Sulph* is the right medicine

for him. He was given *Hepar sulph* 3, thrice daily, for two weeks continually. He did very well under it, almost all his old symptoms disappeared, but new ones appeared in their place. He began to complain from the beginning of October of soreness over the pubes and passed urine in thin stream mixed up with pus. I stopped *Hepar Sulph* and gave *Mercurius* 30 thrice daily for nearly a week, when these symptoms disappeared and the fistula also closed completely.

I should candidly state here that when I took up this case, I had not the remotest idea of curing the fistula permanently. My idea was that the patient would be relieved of his troublesome symptoms, especially the painful pimples on the scalp of the head. This is an illustration of what homœopathic medicines can achieve where formerly surgical interference was the only resource.

A Case of Hemiplegia and Submaxillary Tumour.

By Brojendra Nath Banerjee, l. m. s.

II. I was called to treat a case of hemiplegia in an old man of nearly seventy years of age on 10th August 1884. The patient got the attack of paralysis about a month ago. He was under the treatment of a *hakeem*, who prescribed very strong purgatives, which brought on about 50 (fifty) stools. I saw him on the 10th of August when I was told that strong purgatives were again given by a medical practitioner several times, but to no effect. Castor oil and soapwater enema was administered a day previous to my visit without producing any effect. On examining the abdomen I found it was soft, there was no sign of flatulence or presence of accumulation of scybala. The patient lost all power of speech as well as control over the affected limbs completely. The tongue was leathery and dry. He was dull and sleepy. I gave him *Opii* 30 for 24 hours without any effect; then *Plumbum* 3, *Nux* 3 and 30, *Alumina* 3; all to no effect.

At last I was obliged to give *Sulph* 200, one dose in the morning of the 15th. After the dose of *Sulph*, the patient began to mutter something and showed symptoms of uneasiness. On my evening visit I found the patient restless. I thought that the medicine was acting and gave another dose of *sulph* 200. A couple of hours after this dose the patient moved profusely. The stool was semisolid and emitted intensely putrid smell. After this he slept very well and passed another three stools of the same nature in the morning. The patient had a large submaxillary tumour on the left side of more than 10 years standing. In the morning I noticed that half of it had disappeared. I gave him no medicine for two days. On the 19th, I found the tumour had nearly gone. On the 20th I gave him *Causticum* 3 till September. *Causticum* did much good. The patient can now speak, though somewhat indistinctly; he can also move his leg a little. On the 5th another dose of *Sulph* 30 was given because the bowels were constipated since the 1st; moved after the dose of *Sulph*; continued *Causticum* 30, till the 24th September. The patient now is much better; can walk with the help of a stick and speak distinctly. After this on account of his wife's death, he left the place for Hamirpore.

III. A lady, aged about nineteen years, the mother of a child which is now about 2½ years old, had severe pain in her right hip-joint which extended to the knee and foot, interfering with the motion of the foot and causing complete stiffness and contraction. The pain was so severe either on rest or on movement, that she was obliged to lie in one position from a long time. She had also fever of a high type attended with delirium at night and severe burning sensation so that she was required to be fanned day and night. The sensibility, irritability and sensation of torpor in the affected part were so excessive that her relatives gave up all hopes of her recovery. She was under the treatment of doctors of the old school for about 35 days but to no effect. On the 7th June last I was called to see the patient and the following was her statement in answer to questions asked.

The menstruation suppressed (cause unknown) for about 2 and half years i. e. since the birth of her child, just before the present disease she had menses of black and scanty slimy blood. Previous to the mense she felt weight in the abdomen, chilliness, headache and fever of a remittent type. On the second day of her menses she sent for a doctor of the old school and began to use a medicine prescribed. On the following morning, the discharge, which was scanty, completely disappeared causing pain in her hip as stated above; various medicines were then given, the blistering &c.; all means were tried to no effect. The skin from her hip to the foot was detached and laid bare a white surface as if the part was affected with skin disease. I prescribed *Acon* 6 three doses during the night, and on the following morning *Puls* 30. On the 3rd day the fever and pain were less in degree, and the character of the pain so changed that she felt severe drawing, darting, and tearing pain in the tibia, increased by contact. I gave her *China* 30 and on the fourth day the pain decreased to such an extent that she could move her leg, although very little; but another symptom appeared, *viz.* a similar swelling of the leg and erysipelas with a burning sensation in it. I gave *Ars* 30 (one dose) which completely checked the progress. On the 5th day, I gave her *Rhus tox* 12 and on the 6th day, when the swelling and burning sensation was gone, only a little swelling of her knee joint remaining, I had recourse to *Puls* 30 one dose every second day. I followed this course some two weeks, after which time she was improved very much. The last course I took was that I gave her *Puls* 30 and *Sulph* 30 one dose every week alternately, and on the following month she was perfectly cured and was able to walk a mile without fatigue.

TARA NARAIN MOZUMDER H. P.

Monghyr.

Sexual irregularities in the male.

By F. F. De Derky, m. d.

Testicles.

Testicles, atrophy of the, after masturbation, Puls.

Testicles cold and penis shrunk, Aloes.

Testicles cold to the touch in the night, without internal sense, of coldness, with deficient erections, diminished sexual powers Agn. c.

Testicles, constriction and tension in the, Plumbum.

Testicles, contraction of the, Alum, Merc. V., Nux v., Plumb.

Testicles, crawling in the, and scrotum. Pressure in the testicles, Carb. v.

Testicles, cutting in the, scrotum is swollen, Sep.

Testicles, drawing, choking pain in the relaxed, also in the *spermatic cords*, mostly during and after *erections*, *Amm. c.*

Testicles, drawing in the, Agar. m., Amm. c., Chinin., *Merc. v.*, Nat. c, Nit. ac., Puls., Staph., Thuja occ. Zinc.

Testicles, drawing in the, and spermatic cords, with awkwardness, also evenings, with uneasiness and drowsiness, Agar. m.

Testicles, drawing in the, and up the spermatic cords, Zinc.

Testicles, drawing pain in the, with relaxed scrotum and swelling of the testes and spermatic cord, China.

Testicles, drawing pain in the, with contractive pain and contraction in the scrotum, tension in the spermatic cords, Cann.

Testicles, drawing pain in the, day and night, extending from the groins. Ham. virg.

Testicles, drawing pain in the, and spermatic cords, Psorinum.

Testicles, drawn towards the abdomen, with stitches in them Bell.

Testicles drawn up, one or the other, with some pain and swelling, Zinc.

Testicles drawn up painfully. Drawing pain in the right, Coloc.

Testicles, drawn up painfully, Oleum an.

Testicles drawn up, with lascivious thoughts, frequent erections, Silic.

Testicles, drawn up, Bell., Coloc., Nux v., Oleum an., Plumb., Puls., Sil., Thuja occ., Zinc.

Testicles, dwindling of the, Caps.

Testicles, feel bruised, especially the left, Arg. met.

Testicles, gnawing in the, Phos. ac.

Testicles hanging down relaxed, Calc. c., China, Nit. ac., Puls, Sulph.

Testicles hardness of the, Agn. c., Arg. m., Arg. n., Aur. met. Baryt. m., Clemat. erect, Con. m., Graph, Lyc., Merc. v., Nux v., Rhod., Sulph.

Testicles, heat and swelling in the, with hardness and being drawn up, stinging and spasmodic draving, extending to the spermatic cords, Nux vom.

Testicles, heaviness in the, Amm. c., Plumb., Oxalic ac.,

Testicles, heaviness and drawing in the, they feel bruised, Nat. c.

Testicles, itching of the, Merc. v., Nux v.

Testicles, lancinations severe in the, with pains in the extremity of the penis, Nuph. lut.

Testicles, neuralgia of the, Ham. virg.

Testicles, pain in the, Acon., Alum., Amm. c., Camph., Con, m., Ham. virg., Nat. c., Phos., Phos. ac., Selen., Sep., Sil., Ustil, m., Zincum.

Testicles, pain in, as if bruised, Acon., Arg. m., Arg. n., Calc. c., Con. m., Dig., Kali c., Nat. c.

Testicles, pain in, with contraction of the right spermatic cord. Alum.

Testicles, pain, constant aching in the, for a number of days Ustil., maid.

Testicles, pain, contractive, in the, Camphor.

Testicles, pain, severe neuralgic, in the, suddenly changing to the bowels and stomach, causing nausea and faintness, with great prostration of the animal passions, Ham virg.

Testicles, pain, sharp, every five minutes, in the, producing faintness, Ustil. maid.

Testicles, pain, spells of violent pains in the, more in the right, Ustilag. maid.

Testicles, painful, especially after erections, Cop. m.

Testicles, pinching in the ; drawing pain from the inguinal ring Nat. m.

Testicles, pressing-drawing in the testes and spermatic cords Merc. v.

Testicles, pressing-drawing in the testes and spermatic cord, as if it was drawing out, with sensation of weakness in the generative organs. Mang.

Testicles, pressure in the, Aur. met., Calc. c., Cann., Carb. v. Ign., Mang., Merc. v., Nat. c., Puls., Staph, Sulph.

Testicles, sensitiveness of the, Aur. met. Cann., Ign., Oxalic acid, Phos. ac., Sep., Zincum.

Testicles, stinging in the, Bell., Merc. v., Nux v., Staph., Sulph

Testicles, stitches in the; they are drawn up towards the abdomen, Bell.

Testicles, stitches, pressing and tension in the, and spermatic cords, Sulph.

Testicles, strangling sensation in the, Amm. c., Ign., Nux v. Plumb.

Testicles, swelling of the, Agn. c., Arg. n., Aur. met., Baryt m., Cann., Canth China., Con.. m., Dig., Elaps cor., Kali c., Lyc., Merc. v., Nat. c., Nit. ac., Nux v., Phos. ac., Puls., Plumb., Staph. Sulph., Zinc.

Testicles, swelling of the, after contusion, Con. m.

Testicles, swelling and great weight in the, with impotence,, Plumb.

Testicles, swelling and hardening of the, also after suppressed gonorrhœa, Agn. c.

Testicles, swelling and inflammation of the, and scrotum, Puls.

Testicles, swelling and weight of the, Elaps cor.

Testicles, swelling, hard, of the, with shining redness Merc. v.

Testicles, swelling of the, and spermatic cords, drawing pain in testes, relaxed scrotum, China.

Testicles, swelling of the, and spermatic cords, Kali carb.

Testicles, swelling of first one then the other, with pain on touching, Oleum an.

Testicles, tearing in the, Euphorb. off., Puls., Staph.

Testicles, tension, tearing, and drawing from the abdomen through the spermatic cords to the, Puls.

Testicles, very tender to the touch. Gnawing pains in them, with burning in the prostate and frequent erections, Phos. ac.

Left testicle drawn up, with swelling of the inguinal glands, sharp stitches in the, Thuja occ.

Left testicles, especially, feels bruised, Arg. m.

Left testicles, jerking, stitching pain in the, and left spermatic cord, Carbur. sulph.

Left testicle, severe pain in, worse on exercise, Eryng. aquat.

Left testicle, swelling and induration of and epididymis, Carbur sulph.

Right testicle, digging pain in, when at rest; fears the part having been struck, Arg. met.

Right testicle, drawing pain in the, Oleum an., Coloc.

Right testicle drawn up and swollen, the left hanging down, the spermatic cord is swollen, with tensive pain, Puls.

Right testicle, enlargement and hardness of the, Arg. n.

Right testicle, itching pain in the, Selen.

Right testicle, severe pain in, better after passing urine, Cobaltum.

Right testicle, spells of violent pain, more in, Ustilago maid.

Right testicle, swelling of lower part of, Aur. met.

Scrotum and penis shrivelled and drawn up, Carbur. sulph.

Scrotum and prepuce, blisters on the, Graph.

Scrotum and testicles, crawling in the, Carbo v.

Scrotum, coldness of the, Caps., Merc. v.

Scrotum, constriction of the, Plumb.

Scrotum, contractive pain and contraction in the, with drawing pain in the testicles, Cann.

Scrotum, dampness of the, Carb. v., Silic., Sulph., Thuja occ.

Scrotum, formication and itching on the, Phos. ac.

Scrotum, humid scop on the, with itching on the genitals, Silic.

Scrotum, itching of the, Alum., Amm. c., Acon., Anacard., Carb. v., Graph., Kali c., Lyc., Magn. m., Mangan., Nat. m. Nit. ac., Nux v., Phos. ac., Prun. spin., Puls., Selen., Sil., Staph.

Scrotum, itching of the, better after scratching, Alum.

Scrotum, itching in the, interior of the, which connot be relived by rubbing and pinching, Mangan.

Scrotum, itching much on and under the, Nat.mur.

Scrotum, itching near the, and dampness of the thigh, Carb. veg.

Scrotum, itching on the, extending to the anus, with profuse perspiration and pollution, evening and nights, Magn. mur.

Scrotum, itching, voluptuous, of the, causing sexual desire, Anacard.

Scrotum, itching, voluptuous, on the external, getting worse, changing into a sore pain and causing seminal emission from rubbing, Staph.

Scrotum, relaxation and flabby hanging down of the, and testicles, Sulph.

Scrotum, relaxation, great of the, with sexual system greatly depressed for weeks, Ustilag, maid.

Scrotum, itching of the, Oleum an.

Scrotum, shrivelling up of the, Arg. nit., Caps., Zinc.

Scrotum, soreness and moistening between, and thighs, Baryt. c., Hep. s.

Scrotum, soreness between, and thighs, Aur, Barty c., China, Graph., Hep. s., Lyc., Merc. v., Nat. c, Nat. m., Nit. ac., Phos., Plumb., Sulph.

Scrotum, soreness of the skin on the, and thigh after perspira-

tion, Plumb.

Scrotum, sweat between the thighs and, Hep., s.,

Scrotum, sweat on the, Amm. c., Bell., Baryt. c., Ham. v., Ign. Magn. m., Sep., Sil., Thuja o., Ustil. maidis.

Scrotum, sweat on the, at nights, Bell.

Scrotum, sweat on one side of the, Thuja occ.

Scrotum, sweat on the, profuse cold at night, Ham. virg.

Scrotum, sweat on the, profuse, cold, and greatly relaxed, Ustil maid.

Scrotum, sweat on the, profuse, evenings and nights, with a pollution and itching, Magn. mur.

Scrotum, swelling, inflammatory, of the, Phos. ac.

Scrotum, swelling, inflammatory, of the, and testicles, Puls.

Scrotum, swelling of the, Phos. ac., Plumb., Puls., Sep.

Scrotum, swollen, cutting in testicles, Sep.

Scrotum, tingling in the, Acon., Selen.

Sexual Desire.

Amorous paroxysms, Acon., Ant. c., Flour. ac., Opium. Stramm.

Great desire to void semen, without erection, Sulph.

Great inclination to sexual intercourse, with nausea and vomiting after having satisfied it, Moschus.

Great sexual excitement, almost like satyriasis, with violent desire for coition, with painful lasting erections, Puls.

Great sexual excitement, with relaxed penis, Agar. m.

Irresistible inclination to seminal emission, with relaxed penis, Ignat.

Uncontrolable lewdness and amorous excitement, with frequent erections, pollutions, and amorous voluptuous dreams, Opium.

Sexual desire almost disappeared, Sulph.

Sexual desire and erections entirely wanting; impotence, or painful spasmodic erections at night, Nit. ac.

Sexual desire, painful spasmodic erections, want of, Carbur sulph.

Sexual desire, painful spasmodic erections, want of, with coldness of the parts, Camph.

Sexual desire, painful fancies exalted, Graph.

Sexual desire, caused by voluptuous itching on the scrotum, Anacard.

Sexual desire, complete loss of, Coloc.

Sexual desire diminished, Acon., Baryt. c., Bell., Dioscoria vill. Fluor. ac., Hep. s., Kali brom., Magn. c., Op., Plumb., Selen.

Sexual desire diminished, or entirely absent, Diosc. vill., Hep. s.

Sexual desire diminished or increased, with relaxed parts, Acon.

Sexual desire diminished, the erections is slow and imperfect, the semen is discharged too soon, with a long thrill, Selen.

Sexual desire, diminution and absence of, with impotence, Kali brom.

Sexual desire, diminution of, in the morning after rising, with violent erections.; at nights, preventing sleep, Aur. met.

Sexual desire diminished, with lascivious and amorous fancies, weakness of the parts, impotence, Ignat.

Sexual desire, excessive, uncontrollable, or impotence, Psorinum.

Sexual desire excessive, with constant erections at night, satyriasis, Kali brom.

Sexual desire excited, Acon., Agar., Agn. c., Alum., Amm. c., Anath. mur., Anacard., Ant. c., Aur. met., Calc. c., Cann., Carb. veg., China., Coff., Digit., Ferr. met., Fluor ac., Graph., Ign., Kali c., Kali brom., Lyc., Merc. v., Mosch., Nat. c., Nat. m., Nux v., Opium, Phos., Plumb., Puls., Psorinum, Sarsap., Sep., Sil., Stann., Staph., Stram., Sulph., Zinc.

Sexual desire excited, also with erections, sometimes painful, Digit.

Sexual desire excited, very much the first days, day and night.

with frequent erections, drawn up testicles, and lascivious thoughts, Silic.

Sexual desire excited, with salacious fancies, day and night. Frequent erections or impotence, China.

Sexual desire extinguished, indifference to voluptuous excitation, Bell.

Sexual desire increased, Acon., Aloes, Ant. c., Bell., Cann. corn. circ., Fluor. ac., Lyc., Majoran., Nat. c., Plumb., Sep.

Sexual desire increased, during evening and at night, with diminished power, Corn. circ.

Sexual desire increased, in old men, violent erections all night, Fluor. ac.

Sexual desire increased, lewdness, Nat. carb.

Sexual desire increased, lewd thoughts, without erections, Sep.

Sexual desire increased or suppressed. Even exciting imaginations cause no erections, although there is sexual inclination, Lyc.

Sexual desire increased, with frequent erections, Cann.

Sexual desire increased, with restlessness, which does not allow him to sit long, Ant. cr.

Sexual desire increased, with sadness, Bell.

Sexual desire increased, with violent erections, Plumb.

Sexual desire increased, worse after walking, after eating, in the evening, Aloes.

Sexual desire, with relaxed penis, Cal. seg., Agar. musc.

Sexual desire, with relaxed parts, Nux mosch.

Sexual desire strong, with erections, Coloc.

Sexual desire, total absence of; voluptuous thoughts do not cause erections, Nuph lut.

Sexual desire, total absence of, or great exaltation, Anathermur.

Sexual desire wanting, suppressed, Amm. c., Camph., Hell., Lyc., Phos. ac.

Sexual desire wanting, the genital organs have become shrivelled, Arg. n.

Sexual desire wanting, with increased erections at first, afterwards inclination to coition, without erection, or increased to powerful sexual inclination, Alum.

Sexual desire weak, almost extinct, Silic.

Sexual desire, with feeble erections, Agar., Amm. c., Graph., Selen.

Sexual excitation during the night; delirium, Stram.

Sexual inclination increased, especially mornings, Anacard.

Sexual inclination, complete want of Ign.

Sexual instinct diminished, wanting, aversion to coitus, Lyc.

Sexual instinct diminished; impotence, Opium.

Sexual instinct exalted or deficient, Kali carb.

Sexual instinct, excessive irritability of, or impotence, Nat. mur.

Sexual instinct increased, Opium, Sulph.

Sexual instinct increased at first, afterwards lastingly wanting. Staph.

Sexual instinct, masturbation, irresistible tendency to, Ustilago maid.

Sexual instinct strong and easily excited, with painful erections, Nux vom.

Sexual instinct strangly excited, Moschus.

Sexual instinct very excited, with much discharge of prostatic fluid, Anacard.

Sexual instinct violent, with irresistible desire for coition, Phos.

Sexual powers diminished, Agn. c., Baryt. c., Cal. seg., Calc. c., Ignat., Nux mosch., Sep., Sil., Sulph.

Sexual powers diminished; during evening and at night sexual desire increased, Corn. circ.

Sexual powers feeble, with great inclination to sexual intercourse, Agar. mus.

Sexual powers, loss of, with absence of desire and erections impotence, Chlor. hydr.

Sexual powers, weakness of the, Baryt. c., Cal. seg.

Sexual passions exalted by intrusion of ideas, Aloes.

Sexual passions, great prostration of the, with severe neuralgic pain in the testicles, suddenly changing to the bowels and stomach, causing nausea and faintness, Ham. virg.

Diabetes.

By Dr. A. C. Khastgir.

L. M. S. Brojendra Nath Banerjea having made some absurd critisism, in "The Indian Homœopathic Review" in reference to my previous remarks on diabetes I am reluctantly led to point out his mistakes.

1. He says that when advocating the cause of Allo-Homœopathic Institution in the Albert Hall I made some ridiculous remarks about diabetes. Is there any relation between Allo-Homœopathic Institution and diabetes, that I should connect them together? My address has been afterwards published in the Indian Mirror and I should like to be pointed out where this absurdity occurs.

2. First, assuming that women of rich families, though indolent in habits, escape diabetes, he questions me, how can I account for it? Here he assumes two things which are not always true, and omits a third point which I consider the most essential factor in the production of the disease; this is *obesity* or *corpulency* of the whole body. His incorrect assumptions are: (1) *All the women of rich families are indolent,* (2) and *they are free from attacks of diabetes.* At this very moment I have two very obstinate cases of diabetes in two Hindoo widow-ladies of middle age, who have no mental work or anxiety but live on very rich food, and have no physical work whatever. But perhaps book-authorities are more acceptable to the inexperienced critic: Bennewitz gives the case of a *female,* who was attacked with diabetes during her two successive pregnancies; Dr. William Morgan

M. R. C. S., Physician to the Brighton Homœopathic Dispensary and author of "*Diabetes Mellitus,*" mentions two cases of diabete traced to ovarian tumour. Certain women of respectable families, not able to digest rich food, suffer from diarrhœa or looseness of bowels; these notwithstanding their indolent habits, are thin or emaciated and especially free from attack of diabetes.

3. The next argument advanced by the L. M. S. is, that the Maharajahs of Kashmir and Indore having their mental anxieties, are victims to diabetes. But certain Hindoo widows whose whole lives are full of anxieties and troubles, and certain wives who always groan under the constant ill-treatment of their heartless husbands, have much greater anxieties and sorrows than the Maharajahs, yet they are peculiarly exempt from the disease.

4. *Early marriage*, the L. M. S. explains to be the cause of *sexual excesses* which also give rise to diabetes; in that case ought not the whole class of fallen women and men to be sure victims of diabetes? Yet nothing is more certain than that this class of debased human beings thogh weakened from want of proper vital stamina enjoy the greatest exemption from it.

Lastly the L. M. S. interrogates me, how could I boldly affirm that intellectual labor has nothing to do with diabetes? My simple answer is because I witness with my own eyes that certain students and graduates who devote almost their whole time to hard mental application with scarcely 4 or 5 hours' rest in the 24 hours, do *not* suffer with diabetes.

It will thus appear that every point maintained by the L. M. S. is opposed to, or is inconsistent with, what we witness as stern facts of life. His theoretial picture of the life of an educated Bengali who gets diabetes is any thing but correct; his description of a student being a father before he graduates himself, then his intensely applying to his studies, and thereby becoming *weak, neuralgic and hypochondriac,* his having *great fondness for sweetmeats &c.*, his being *unable to digest them or any other food* &c., would naturally lead one to the conclusion that he must be

miserably thin or emaciated and is either subject to chronic diarrhœa or is in the high way to consumption, and has least to fear an attack of *diabetes*.

The real picture of a man doomed to diabetes as we see in Bengal, may be summed up in a few words ; viz. (1) He must be a great eater or gormandizer of rich and oily food especially sweetmeats ; (2) his power of digesting his food must be good enough to convert it into fat and dark venous blood ; (3) but he *takes no exercise* whatever to purify the blood or to dissipate the fat, which only clogs all the vital engines, as it were, and nature trying to free the body, of the same foreign or useless substance, imposes perverted labor upon the liver and kidnies, which gradually disorganises them and leads to speedy death.

But cerebral lesion, especially of the base of the 4th ventricle in the cerebellum, may also directly cause diabetes ; in such cases the brain disease is the primary, and of more serious import than diabetes which is only symptomatic of the other.

Dr. Harley produced sugar in the urine by directly introducing stimulants into the portal circulation of the lower animals, but this was a temporary change only.

Claude Bernard made the astounding discovery that the liver of animals even after its separation from the body manufactures sugar ; and therefore this abnormal secretion ought not to be always considered as the result of vital force originating from mental lesion.

Hence the great mistake which the inexperienced critic has made is confounding the exciting with the predisposing cause of the disease. Perverted function of the liver and kidneys, be it the result of lesion of the cerebellum or excessive use of rich food without exercise, being the direct or exciting cause of the disease, other causes mentioned by the L. M. S. from his books, such as mental labor or anxiety, sexual excesses, spirituous drinks, &c. &c., act either as predesposing causes or render the disease more difficult of cure.

This is the 2nd time, that I have been reluctantly led to controvert points raised by the L. M. S. Had he sufficient practical experience of the disease as it rages in this country among the corpulent and indolent youths and adults of the affluent class, and compared his book-notes with the sterner realities of life, he would have modified his opinion, and spared his impertinent remarks against his seniors. As it is, I decline to carry on the controversy with him any further.

To The Editors of the Indian Homœopathic Review.

SIRS,

My object in writing this is to draw the attention of the medical profession in general to a dangerous disease which is becoming painfully common now-a-days. Old and able physicians say that while 20 years ago they had hardly to treat a case of double quotidian fever once in 10 years, since the last 4 or 5 years they have cases of this disease constantly in their hands almost all the year round. But pity it is, and to our shame be it said, that so little is known or written on the subject which demands at the present moment our most serious attention. And we should take the lead in discussing the subject as it concerns us most. From the records and books it seems that very few cases occur in any other country, or they are easily amenable to treatment, as very little is said or written upon it which should not have escaped the observation of European or American physicians if it were of frequent occurence in those parts of the globe. This variety of fever is mentioned in some books more as a curiosity in medicine than for its gravity. While we know that the patient is within the very jaws of death, the moment double quotidian seizes him. Allopathic works hardly mention this variety of fever, much less point the indications for treatment. But if one hunts homœopathic literature, something, though very

little, can be got out. The only book that gives any indication of it is, I think, Allen's Intermittent fever. But even there nothing has been said about its causes and symptoms.

Causes—In almost all the cases, this is one of the many terminations of malarious fever, atleast as is met with here. But those very cases, when they come to our hands; had always been drugged previously for a long period with all sorts of patent allopathic mixtures and pills. So it is difficult to ascertain whether the malarious or the quinine poisoning is the cause of double quotidian. Scarcely a case is to be found here where quinine has not been used to a more or less extent. I am strongly inclined to think that quinine poisoning has much to do with these cases. They are found mostly in those towns or villages, where malarious fever prevailed most fearfully ; but in those very places the abuse of quinine was also most indiscriminate and unlimited. So also as I stated before about 22 years back, when malarious fever once broke out in an alarming manner in this part of the country, not a single case of double quotidian was met with. Since then it has been an admitted fact that quinine has been very largely introduced in to the country, so that many people do not now care to take the advice of doctors as to when to use it in fever cases. And we also know the double quotidian cases are fast becoming frequent since the last epidemic. As a corroborative evidence we see that *China* has among its pathogenetic symptoms this type of fever, and we shall come to find when we speak of its treatment that the antidotes of quinine are also some of the most efficacious medicines of this disease. On the contrary, if quinine were the great specific in malarial poisoning as our brothers of the other school so confidently affirm, double quotidian could not have developed out of it, it ought rather to have decreased, if not altogether disappeared, by this time. Lastly these cases almost always get worse, if quinine is administered in allopathic doses.

Double quotidian, *per se*, is very rare, though sometime met with. In our Sanscrit work Nidana there is mention of it, and quinine

was never dreamt of at that time. We have also seen here a case or two, where from the very start, the fever was of a double type, though the patient enjoyed sound health previously. In one case, that of a boy, it supervened upon an inflammatory fever caused by a severe strain in his foot. These I propose to call idiopathic cases.

Symptoms—Unlike an attack of intermittent fever, its stages are generally not marked, but merged one into another. The chilly stage is, in very many cases absent altogether, as also the sweating one, the hot stage being the predominant one. Its great characteristic is that two attacks of fever occur in 24 hrs. with a complete intermission between. In most cases, the attacks come on every 12 hrs. ; one during the day and another at night. In the Sanscrit work Nidana it is stated that both the paroxysms may take place either only in the day or only at night. Sometimes the intermission is not complete, but the fever abates to 99° or 100° remains so for 8 or 10 hours, after which the paroxysm ushes in, which usually lasts from 2 or 4 hours. The fever arises in this way—A patient has been suffering from intermittent fever for 1, 2 or 3 years, the liver and spleen enlarging, appetite becoming depraved, the body getting emaciated and anœmic and slowly decaying. He seems to get well now and then, the fever leaves him, appetite returns, but he is none the better for it. The parents and friends of the patient become hopeful and exultant, and the physician boasts of his skill and draws his fees. But the patient is in the same weakened and melancholic state, the spleen and liver is not a bit softened though he has been free from fever, may be for a fortnight or a month, and taking medicine all the while. This is a precursor of double quotidian—the patient does not improve with the cessation of fever, as he should. Then one night, generally about 1 to 3 A. M., his skin gets a little warmer and his sleep disturbed, which passes off by next sunrise. Within a day or two there from also a suspicions of his getting a little heat in the afternoon, besides the night paroxysm. This state

goes on for some days, the parents and friends thinking it to be the heat of bed, and the doctor assuring it to be 'nothing'; after continuing in this state for a weak or ten days, the afternoon and after midnight attacks get severer, and the real nature of the case becomes apparent. In some cases, *apyrexil* intervals (for there are two in every case) may be more or less than 12 hours. The apyrexia of those patients that come directly from allopathic hands are generally incomplete, but the typical cases are the idiopathic ones, and they are most to be dreaded.

We have also seen cases in which there there were 3 attacks of fever in 24 hours and heard have also of similar attacks. I mention them her, as in all other respects the behave quite like a double quotidian.

With the age of the disease, the abdominal *discera* show signs of serious disorder. The liver and spleen always enlarge, in many cases vying with each other in their progress, till they meet or overlap each other near and under the linea alba, the liver getting ove the spleen. We sometimes see the spleen to invade almost the whole abdominal cavity. Salling forth from its retired seat in the left hypochondrium, it spreads as far down as the left iliac, fossa, and marching across the hypogastric region, encroaches upon the liver under the right hypochondrium. In females we have seen such a spleen to have been taken for an enlarged or pregnant uterus and treated accordingly.

A little careful examination will show that the pancreas is also enlarged, occupying a position between the epigastrium and the umbilicus but deeply placed near the spinal column lying across it like an edged bar.

The stomach generally gets out of order functionally, as shown by loss of appetite. The patient can scarcely take 2 meals a day but in some cases, and these are most favorable, the appetite remains quite sharp. The bowels are either costive or loose, scarcely regular. The bladder is generally unaffected except in the later stage when dropsy occurs.

There is a very marked peculiarity in the patients. Though in the large majority of cases, the disease gets the better of the patient who finally succumbs to it, the dissolution does not take place all at once. The patients literally dies inch by inch getting better and worse alternately, giving hopes and casting despair during its progress, but always tending to the final stage. The paroxysms of fever then increase in severity, and finally dysentery, or cancrum oris, or utter exhaustion from anæmia and very often all combined, close the scene. These patients suffer generally from 1 to 3 years, ruining both themselves and their guardians.

Age—Children and young people are generally affected. Children, mostly boys from 3 to 12 years, are chiefly the victims. From 12 to 25 years, a few cases occur. Above that age we have seen only one case in a gentleman of about 45 years.

Prognosis—most unfavorable in our Sanskrit works ; I am told it is classed among the incurables. Oldest practitioners say that while 15 or 10 years back they could not save a single case, now a days cases now and then do recover. We have at lease cured a few cases under homœopathic treatment. As far as we have been able to judge, allopathy can do nothing or almost nothing in these cases ; in fact, it makes the cases worse. Kabirajes can cure a few cases. But the greatest benefit we derive is from homœopathy.

Idiopathic cases are almost always fatal.

Treatment—Here we are lamentably deficient. And the cause is not far to seek. The disease has not yet been sufficiently recognised and studied; how could there be any treatment for it? And it is only to invite the attention of the medical profession that these short and very imperfect notes have been drawn. The little bit of experience that we have derived in these cases are recorded only to elicit more information and not to make any show of knowledge. What Sydenham calls the "epidemic constitution of the year" is very well seen in these cases, as well as in intermittent fever generally. When we first started in the practice of these cases

we had no guide, and had to hunt the whole of Hull's Jahr, and found out only 2 medicines—*Belladona* and *China*, that have double quotidian fever among their pathogenesis. We also took *Mercurius*, as it has *lentescent* fever, agreeing also in prominent enlargement of liver and being an antidote of quinine. With *Bell* 30 and *Merc.* 30, we treated many cases with marked benefit, reducing the double type to the simple form within a fortnight, But after doing well for 2 or 3 months they relapsed and passed away from our hands to different others till they died. But the next year these two drugs did not act so well. Since last year we are getting permanent good from *Sulphur* 30 and 200. Here the paroxysms took place generally from 12 to 1, A. M. and P. M. Two cases were cured with *Rhus Tox* 6, another with *Rhus* 200. In another case with chronic eczema of the scalp, *Ant. Cr.* 30 reduced the fever to a simple form which was finally cured by an allopath. Allen illustrates two cases treated successfully with *Ant. Cr.* in his book on Interittent Fever ; he mentions the following remedies *Ant, Crud; Apis Baplis Bellad, Cinchon, Dulcam, Elaterim, Graph Ledum, Stramon, Sulphur.*

Diet—Since we have been giving these patients barley and milk, and barley *chapaties*, once or twice a day, we have derived more benefit than from any scale of so called nourishing diet. We strictly avoid all sorts of animal food, and the use of *yhee* is absolutely prohibited : Fish soup we allow, when the patient is fairly on the road to recovery.

As far as we have seen these patients always get worse if they bathe ; so our rule is to avoid bathing, except a sort of warm water sponging now and then, after the fever is off.

I trust you will record your own experience and request that of others.

Yours &c.,

SATTYA JIBON LAHIRI,

Krishnaghur.

NOTES.

The Countess of Dufferin's Fund—This fund proposed to be raised in connection with the National Indian Association, will confer a lasting benefit to the people of India. We advisedly say 'people of India,' because without healthy mothers, there can not be healthy children. Our social customs do not allow us to have our ladies examined by a male doctor. In the interior of the country 'as' well as in towns women, choose to die rather to disclos their complaints to their husbands, much less to medical men. Our women seldom, if ever, get thorough medical treatment during the time of their illness. Every Indian should be grateful to Lady Dufferin for her solicitude in the cause of reform—of giving proper medical aid to the women of India. In connection with this fund we venture to hope that the trustees of this Fund should give thorough medical education to native women of respectibility. We have no sympathy for half-educated practioners. We do not like to see the country deluged with these half educated quacks. We have already been inflicted with the so-called diplomaid midwives armed with a certificate from the Medical College of Bengal. These midwives have turned out full-fledged doctors and are doing incalculable mischief.

Relaxation for Medical Practitioners.—It ought not to be necessary to speak to medical men of the need for periodic rest and change, which others more than feel, and they alone can fully understand. Their work we may say, is unceasing ; it ties them usually to one place it abounds in worry, and it is imperfectly relieved by intervals of broken rest. That it possesses certain partially compensating advantages we do not deny. Thus, the free movement in the open air which it allows, is preferable to the physical stagnation of some secondary callings. The interest of its subjects, the study and 'care of the human frame, though mingled not uncommonly with sadness and perhaps with acute sorrow, possesses a certain refreshing and encouraging influence. The monetary uncertainties do not bulk so largely in it as in some other callings and the worry of interrupted sleep may within limits be dulled by the indifference begotten of habit and by the effect of counteracting arrangement. But every allowance being made, it is manifest that continuous residence in one spot is incompatible with that which chiefly constitutes, refreshment—variety. However we may

phrase it, the same idea presents itself. It has descended to us as a habit of former times, once the privilege of a few, but extended and accentuated in our days of strenuous effort, as if in answer to a physiological instinct. We talk of a holiday, vacation, recess of leisure, of rest and change, diversion and recreation; but all our terms are threaded on one thought; it is that a change is needed as much, we may say, of mind and person as of place. Vacation from the old work will by relief of tension, encourage repair and the employment of time in lighter and congenial pursuits will often prove the best means of carrying out this process. What those pursuits will be, and to what extent they should be followed, the type, age and habits of an individual can usually best determine. The fittest sphere of recreation, however, is a subject of no little consequence. * * We have before spoken approvingly of the life on shipboard as being well suited to many. We would again recommend this enjoyable kind of holiday to our medical brethern in search of relaxation. Be our choice, what it may, it is clear that for most of us staying at home *incognito* will not do. If we wish for leisure, we must go afield in order to enjoy it. Especially does this rule apply to one situated among the numerous calls of general practice. Such a one can only escape from the pressure of engagements by leaving his neighbourhood altogether.

(Lancet.)

In Growing Nail—M. Monod has treated this affection by free application of Nitrate of Silver at the commencement without isolating the nail The relief is felt on the next day He says that extirpation of the nail should be resorted to only in exceptional cases.

Salicylic acid in Eczenia—Dr. J. G. Marshal in the British Medical Journal speaks very highly of Salicylic acid in the form of ointment in Eczenia of the Scalp, and impetigo contigious occuring in cholera. He says that he was able to cure cases which defies all other form of treatment.

Salicylic oinlment on Eczema—M. Lassar in the Dublin Medical Journal gives the following formular of Salicylic acid preparation for Eczema.—R. Acid: Salicylic Grs 10; Tinct; Benzoin mxx; Vasalinez Ft. mix or when a firm dressing or a drying effect is required the following paste should be rubed on:—Acid Salicylic grs 19; Vassliue zi; Zenie oridy; anyli a azp.

CHOLERA AND ITS PREVENTIVE AND CURATIVE TREATMENT *by D. N. Ray M. D. S. A. (London.)*

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My Experience of Several Cholera Epidemics.

BY BROJENDRA NATH BANERJEE, L. M. S.

Thirst is one of the most distressing and troublesome symptoms in cholera. It is, indeed, very difficult to cope with this symptom. Thirst is, no doubt, a symptom common in many diseases, but it is a prominent one, notably, in fever and cholera. There is again a good deal of difference between cholera-thirst and fever-thirst. In order to understand the difference between these two kinds of thirst we should take into our consideration the pathology and etiology of these two thirsts. In fever there is increase of temperature or heat, as well as of abnormal tissue metamorphosis. In cholera the temperature may be either normal or subnormal, but it is always accompanied with decrease of tissue *metamorphosis.* Thus in cholera we have conditions quite opposite or antagonistic to fever. There are some physicians who compare, rather identify. cholera with fever, and foolishly suggest quinine and other antiperiodics as the right medicine for a case of cholera. There is, no doubt, some apparent similarity between the two diseases; but the pathology,

semeology, and etiology of the two so-called allied diseases are quite different. The first stage of cholera is sometimes compared with the chill or cold stage of fever, and the stage of reaction with that of the hot stage. The cold stage of cholera is due to abstraction of heat by a large amount of evacuations which are derived both from the tissues and the blood; whereas in fever this stage is solely due to nervous influence. Whatever the difference may be, the thirst in the two diseases is not due to the same cause. In fever there is practically no loss of water, whereas in cholera the system is, as it were, drained of a large quantity of fluid. In one, we are to contend with increased heat, whereas in the other with loss of fluid. The management, therefore, of thirst in two diseases can not be the same. It is true that water allays thirst, both in fever and cholera, but in many cases of fever mere washing the mouth or gurgling with water gives much relief. In cholera, unlike fever, the patients want water in large quantities. In fever, thirst does not last long, whereas in cholera it generally lasts for a long time. In fever we can mitigate, and even effectually take away thirst by administration of medicines; but in cholera, I think we can seldom do so effectually. Many persons, perhaps, will be disposed to laugh at this bold assertion, but those who have closely watched any number of cholera cases will unhesitatingly declare how difficult it is to check cholera-thirst, either by the exhibition of water or of medicine. Let it not be understood that medicines and water have *no* effect on cholera

thirst. Homœopathic medicines and water *ad libitum* can to a certain extent mitigate the thirst of cholera patients. We can check and in many instances remove cramps, purging and vomiting of cholera in a comparatively short time; but the thirst is almost always a very refractory and unmanageable symptom. I have given extensive trials of all sorts of medicines to quench cholera thirst, though I am sorry to acknowledge, with no decisive marked effects. *Arsenicum Album*, *Veratrum Album*, *Cuprum*, *Belladonna*, *Iris Versicolor*, *Jatropha Curcos*, *Croton Tigli.*, *Ipecacuanha*, *Phosphoric acid*, *Secale Corn*, *Aconitum Napelles*, *Ricinus Semenis* have often failed in my hands to remove cholera thirst. There are only two medicines which have sometimes succeeded in very refractory cases where all others failed to do the least good. One of them is *Mercurius Solubilis*. This valuable medicine has never been mentioned, so far as my information goes, as an effective remedial agent, in cholera thirst. In the cases in which I succeeded, there were the following thirst-symptoms, *viz.*, tongue indented and moist with intense thirst and foul breath. *Cina* is another valuable medicine for thirst. Its indications are few. The patients do not like to suck ice but want large quantities of water to drink. The water is vomited as soon as it is drunk, the tongue is clean, and the patients complain of appetite, in spite of vomiting and purging. Water *ad libitum* is the only thing which gives relief in intense cholera-thirst. In some cases the relief is only for a few seconds, and in others for a few minutes only. To withhold water from cholera patients is

certainly an act of the grossest cruelty. Administration of water in cholera is as valuable as that of medicines. I never withhold water, even when it is soon after rejected. Water is the *only* thing which can be absorbed into the circulation from the stomach when it is denuded of its epithelial covering. The water is drawn into the circulation in cholera by the simple process of osmosis. Water is rejected so long as there is nervous irritation in the stomach. As soon as this irritability ceases, water is simply invaluable to cholera patients. I have seen and known cases saved by the administration of water and water alone. Water, therefore, should be allowed to cholera patients not merely to quench thirst but also to dilute the inspissated blood. The blood, so diluted, will now circulate in the system proper and irrigate, as it were, the entire body, removing the already accumulated effete materials through the kidneys and thus averting uræmia.

Diabetes V. S. Babu A. C. Khastgir.

By Brojendra Nath Banerjee, L. M. S.

It is indeed a hopeless task to carry conviction to those who having eyes will not see and having ears will not hear. In our June and July Numbers we were sorry to have to remark that some of the leading medical practitioners of the metropolis sometimes commit blunders and thus expose themselves to public criticism. We further advised them not to make public utterances on any medical topics until they had refreshed their memory and re-studied such subjects carefully. It has become a common practice with certain medical practitioners to advertise themselves in public meetings

or in public prints on suitable occasions. The Calcutta public have constantly been humbugged by these self-seeking medical men. This state of things could not have happened if there were any healthy professional opinion in India. Babu A. C. Khastgir often rushes into public prints and platforms and poses himself as an authority on medical topics. It has been unfortunately our painful duty to check his vagaries and correct his erroneous and misguiding public statements. We are now, however, painfully alive of the hopeless task of bringing him round. He is so egotistical in his opinions, that whenever his mistakes are pointed out, instead of arguing like reasonable men, he begins to villify us. This time he has been pleased to sneer at our medical degree and call us inexperienced. His only justification for doing so is what he calls his experience. He characterises the opinions of European scientific men and physicians as valueless, because such men have done the unpardonable sin of recording their valuable experiences and scientific researches, which, though highly valued and read by medical men in all parts of the world are rejected by Baboo A. C. Khastgir because they do not harmonise with his views! My paper on Diabetes was written mainly on the authority of Robert, but I also derived valuable hints from the writings of Harley, Pavy, Bernard, Schiff, Stokvis, Schmidt, Dickinson, Quain, Rouge, Virchow, Poiseuille, and Lefort. In the eyes of Babu A. C. Khastgir these savants are ignorant and inexperienced persons, merely because they are book-makers. It is probably for this reason that he sneered at me for my book knowledge and edified the public with statements derived from his so-called experience which has very little value, because of the unscientific and crude nature of his deductions. We have been surprised to find that a medical man who is so fond of parading his experience should have been led to make remarks that were at once undignified and irrelevant. Failing to reason with us like reasonable men, he wants us to spare impertinent remarks against seniors. We did not know before that to correct erroneous

and misguiding statements of any elderly man was tantamount to impertinence. In the arena of controversy we recognise facts and not seniors. Babu A. C. Khastgir ought to have remembered this and should have met us with facts and not with villifications, sneers and egotistical references of himself.

Let us now notice seriatim some of his so-called corrections.

1. It is a matter of regret that Babu A. C. Khastgir indignantly corrects me without carefully reading my paper. This is another reason why he exposes himself to public criticisms. Did I say that Babu K. made any ridiculous remark about diabetes in advocating the cause of the Allo-Homœopathic Institution? No, I merely said that Babu K. had made ridiculous remarks about homœopathy.

2. I never assumed anything regarding women of rich families, and therefore can not be guilty of the imaginary mistakes attributed to me by Babu K. I did not use the words *all women*. I said women *generally* escape diabetes. I *never* assumed that women are free from diabetes. I myself have treated three cases of diabetes amongst females. This is the way Babu A. C. Khastgir enters into argument! He assumes something which I even never dreamt of and then comes forward to villify me!

3. Here also Babu K. attacks me, about a matter which has no existence except in his own imagination. Babu K. said in his speech that "surrounded as they (Mahárajas Kashmere and Gwalior) are by officers who really carry out all the state affairs" they have no mental work to perform. Hereupon I remarked that it is a novel fact that these Maharajas have no mental work to perform, and I maintained on the other hand that they were full of anxieties which cause as much nervous depression as excessive intellectual labour. I therefore maintained that rich food was not the sole cause of their diabetes, while anxiety was the principal factor in the causation of this dire disease. Babu K. takes me to task because Hindoo widows and maltreated wives laden with trouble and anxieties do not get diabetes. Before replying to this absured question, I beg to point out another mistake of Babu A. C.

Khastgir. He accuses me of inexperience, because according to his experienced reasoning, he thinks that I have confounded the exciting and predisposing causes. He has after all admitted that mental labor, anxiety, sexual excesses, drinking &c. &c. act as predisposing (?) causes. He also holds that perverted function of the liver and kidneys (?) are the direct or exciting causes of the disease. Here again the much vaunted experience of the doctor is grievously at fault. Perverted function of the liver (not the kidneys) is not the *exciting* but the *proximate* cause of diabetes. In diabetes, in fact, it is next to impossible to differentiate between the predisposing and the exciting causes. Here we can not put any broad line of demarcation between the two causes, as we can not always with certainty determine the exact cause or causes of diabetes. In point of fact, diabetes is *generally* not dependent on any one single cause but on a combination of several causes.

Lastly, Babu K. in admitting mental labour or anxiety as one of the causes of diabetes says—"I witness with my own eyes that certain students and graduates who devote almost their whole time to hard mental application with scarcely 4 or 5 hours' rest in the 24 hours, do *not* suffer from diabetes."

This is the way how Babu A. C. Khastgir argues. It is true that many widows and ill-treated wives laden with anxiety, as well as graduates undergoing hard mental labour escape diabetes, but this therefore can not be an argument that anxiety and mental labour can not cause diabetes. Diabetes as I have just now explained is generally caused by a combination of causes or circumstances. Babu A. C. Khastgir again admits that sexual excess is a cause of diabetes; but he asks me why prostitutes escape from its jaws. The answer of this question is the same as above explained.

I believe my readers have now realised how hollow and superficial Babu A. C. Khastgir's arguments are and how he has been misguided both in his arguments and opinions by his self-sufficiency aconds- alled illogical experience.

Cholera.

TREATED BY RICINUS &c.

BY PREONATH CHATTERJI, L. M. S.

I. Radhanath Ghose, aged 45 years, of very weak constitution, had very loose stools of different colour and constituents in the night of the 23rd September, 1885.

I visited him in the morning at 7 A. M. of the 24th instant, and found him lying prostrate on the floor, pulse thready, rapid and easily compressible, extremities cold but chest and head hot, very thirsty and restless, moving about, said his stomach was full, voice husky, loud gurglings all over the abdomen as if water was being poured from one vessel to another. In my presence he passed two thin frothy rice-water stools without smell or colour at 5 minutes' intervals. I began to administer *Ricinus* 6. after each stool. After taking 4 doses of the medicine he vomitted, large quantity of undigested rice but the purging continued in the same manner; at this stage the pulse was imperceptible at the wrist, cold perspiration began to appear all over the body, cramps on the lower extremities only, temperature of the body was below normal and patient was in the stage of collapse. I ordered *Ricinus* to be continued after each stool and *Carbo Vegetabilis* 6. every half an hour. After taking several doses of the *Ricinus* and two doses of the *Carbo Vegetabilis* he began to improve. At 3 P. M. I visited him again and found that the reaction had commenced, pulse perceptible at wrist but feeble and thready, no perspiration, body and extremities were slightly warm, passed one thick whitish stool half an hour before, omitted both the drugs and continued iced water throughout the night.

Next morning he was found all right, had passed urine three times in the night, was hungry. Advised to give him arrow-root water, and *China* 6. every 3 hours. Two days after he took rice and was perfectly cured.

4th September, 1885.

II. Woman, aged 50 years, had been suffering from diarrhœa for 3 days. I saw her on the 3rd day of her disease in collapsed stage, pulse small, thready, quick and sometimes imperceptible, extremities cold, cold perspirations all over the body, voice husky, very thirsty, wanted water in large quantities, rumbling noise in the abdomen and complained of pain in it, stools and vomitings were of rice-water appearance. No urine for 24 hours. I diagnosed the case as of diarrhœric variety, gave her *Ricinus* 6. one dose after each stool and iced water *ad-libitum* in the morning. In the evening I learned that the patient had somewhat improved, stools diminished in number and in quantity, vomiting ceased. I advised to give her some medicine at longer intervals (*i. e.*) every 2 hours. Next morning I found her much improved, she had only 3 small stools in the night, pulse considerably improved, extremities warm, no perspiration, passed a few drops of urine early in the morning, was hungry, and was in a stage of slow reaction. Ordered *Ricinus* one dose if there be any stool and *China* 6. every 3 hours, diet arrow-root water with ice in small quantities at a time.

Next day she had no stool ; since yesterday has passed urine several times in the day and night, pulse stronger than before, very hungry, wanted to have rice, *China* 30. thrice daily and diet thin rice pudding in small quantity ; made a good recovery without any further symptoms whatever.

Diarrhœa during confinement.

26th August, 1886.

Woman, aged 25 years, had diarrhœa on the 2nd day of her confinement, passed in 2 hours 10 stools of watery character and in large quantities. I saw her soon after, when she passed a stool at my presence which was very thin and about a seer in quantity. She was very weak, pulse thready, extremities cold and shrivelled,

fingers blue, cold perspirations all over the body, very thirsty, I gave her *Veratrum* 6. one dose at once, but a quarter of an hour after she passed another stool the colour of which was yellowish with a pinkish coloured sediment in the bottom. This time I had removed her from the confinement room to a better room and began to search for other characteristic symptoms and found stool painless, thin, watery, of yellowish colour with pinkish sediment in it. I gave *Podoph.* 6. one dose, and remained there to see the effect produced by the drug.

Another stool passed after half an hour of the same nature but half in quantity ; I gave her another dose of the same drug, the next stool was after an hour but only one-fourth in quantity, nature of the stool was the same; another dose of the same medicine was given again. Half an hour after I left the house at 10 P. M.s without noticing any other unpleasant symptom and left 2 doses of the medicine with instructions to administer, them in case there is any more stool at night.

Next morning, I learned there was only one stool at 2 A. M. of a very small quantity, passed urine twice in the night, had slept well. I examined her pulse, it was much improved, the secretion of urine was natural, ordered arrowroot water as diet and no medicine. She was perfectly well after two days.

In this case the medicine *Podopy* acted like a charm, the stools diminishing in inverse ratio with the doses of medicine given, without any unpleasant after-effects whatever. Had this case been treated with astringents, I think the case would have turned fatal by checking the urinery secretions, and producing metritis.

Sexual irregularities in the male.

BY F. F. De DARKEY, M. D.

Erections.

Erections, Agar. mus., Agn. c., Aloes, Alum., Amm., c., Anacard., Ant. c., Arg. n., Arn., Aur. met., Bufo, Cann., Canth.

Carbur. sulph., China, Coloc., Digit., Diosc. vill., Eryng. aq., Euphorb. off., Ferr. met., Fluor. ac., Graph., Ign., Kali brom., Kal. carb., Magn. m., Merc. v., Mosch., Nat. c., Nit. ac., Nux v., Oleum an., Op., Phos., Phos. ac., Plumb., Puls., Sarsap, Sep. Sil., Stann., Thuja occ., Zinçum.

Erections at first, afterwards want of them, Stann.

Erections at night, with emission, Carbur. sul., Oleum an.

Erection at night, with emission, with great lassitude and depression, Eryng. aq.

Erections at night, constant, with excessive sexual desire, Kali brom.

Erections, constant, lasting, violent, lasting after coition, Sepia.

Erections continued without sexual desire, Bufo.

Erections deficient, Agn. c., Con. m., Graph., Hep. s., Kali c., Lyc., Magn. c., Nit. ac., Nux mosch.

Erections during stool, Ign.

Erections easily excited, Nux v., Phos.

Erections feeble, during coition painful, want of, Hep. s.

Erection feeble or wanting, Lyc.

Erections frequent, Alum., China.

Erections frequent, day and night, with constant excitement, Diosc. vill.

Erections frequent early in the mornings, with burning in the penis, Magn m.

Erections frequent, pollutions and amorous voluptuous dreams with uncontrollable lewdness and sexual excitement, Opium.

Erections frequent, sexual desire increased, Cann.

Erections frequent, with burning in the prostate and gnawing pain in the testicles, Phos. ac.

Erections frequent, with drawn up testicles and lascivious thoughts, sexual desire very much excited, day and night, Silic.

Erections imperfect, and premature ejection of semen, Cal. seg.

Erections imperfect, with weakness of the penis, Merc. v.

Erections in the evening, Phos.

Erections, involuntary, during daytime, Anac.

Erections long-lasting, frequent, mornings or nights, Agar. m.

Erections long-lasting, without cause, Amm. c.

Erections, mornings, and after passing water, Aloes.

Erections, mornings only, when rising, Aur. met.

Erections, nightly, with and without pollutions, with and without dreams, Aur. met.

Erections painful, after copious painful pollution, Kali carb.

Erections painful, continuous, Nat. carb.

Erections painful, insufficient, Con. m., Hep. sulph.

Erections painful, lasting, great sexual excitement, almost like priapism, with strong inclination for coition, Puls.

Erections painful, nocturnal, or early in the morning, when asleep, Thuja occ.

Erections painful, nocturnal, with lascivious excitement, or also incomplete, with tension, seemingly caused by flatulence, Merc. viv.

Erection painful, sexual instinct strong and easily excited, Nux vom.

Erections painful, spasmodic, at night, or entire want of sexual, desire and erections, impotence, Nit. ac.

Erection painful, without sexual desire, or sexual desire with relaxed penis, Cal. seg.

Erections powerful, sometimes with voluptuous rage, Agn. c.

Erections, priapism, Arg. n., Canth., Graph., Nat. m., Nux v., Puls., Sil.

Erections, priapism, with violent, insatiable craving for sexual intercourse, discharge of blood instead of semen, Canth.

Erections, priapism, with bleeding from the urethra, Arg. n.

Erections, satyriasis, Kali brom., Merc. viv., Nux v., Phos., Stram., Sulph., Majoran.

Erections, satyriasis, with cerebral excitement, flushed face, and glistening eyes, Phos.

Erections seem to be diminished, Sarsa par.

Erections slow and imperfect, diminished sexual desire, Selen.

Erections sometimes painful, also with excited sexual desire Digit.

Erections too short during coitus, Cal. c.

Erections violent, Graph.

Erections violent, and pollutions, in feeble persons, Ferr. met.

Erections violent in the mornings, after rising, with exalted sexual desire; at nights preventing sleep, Aur. met.

Erections, violent, in old men, all night, increased sexual desire, Fluor. ac.

Erections, violent, long-lasting, especially at nights, with pressure in the abdomen, Zincum.

Erections, violent, spasmodic, Opium.

Erections, violent, with increased sexual desire, Plumb.

Erections wanting, too feeble and too short; great weakness in the sexual organs, Nux mosch.

Erections wanting, Kali carb., Magn. carb.

Erections, with amorous dreams and nocturnal emissions, Kali brom.

Erections with amorous dreams all night, Dioscor. vill.

Erections, with desire to urinate, Mosch.

Erections, with strong aexual desire, Coloc.

Erections, with urging to stool, Thuja occ.

Erections, without sexual desire, Ambr. gr., Euphorb. off., Phos. ac.

After erection, crawling and tearing in the urethra, Amb. gr,

During erection and coition, severe pressure in the perineum, Alum.

Coitus.

Coitus, aversion to, Agar. m., Agn. c., Cann., Kali c., Lyc. Phos.

Coitus, aversion to, from abuse of sexual functions, Phos.

Coitus, great aversion to, or great inclination with feeble powers, or without a thrill, or delayed unsatisfactory discharge of semen, Agar. m.

Coitus, during, discharge of semen too early, Bor. ven., Cal. seg.

Coitus, during, discharge of semen too quickly, Cal. seg., Carb. v., Con., Lyc., Phos., Sel., Sulph., Zinc.

Coitus, during, discharge of semen too quick or too late, Lyc.

Coitus, during, discharge of semen too rapid, also with roaring in the head afterwards, Carb. veg.

Coitus, during, discharge of semen too soon, with but little thrill, afterwards tension in the abdomen, to the spermatic cords, Sep.

Coitus, during, discharge of semen too soon, with a long thrill, erection is slow and imperfect; diminished sexual desire, Selen.

Coitus, during, ejection of semen, cutting in the urethra, Bor. ven.

Coitus, during, erection too short, Calc. c.

Coitus, during, feeble erection, Hep. s., Sep.

Coitus, during, flatulent colic, Graph.

Coitus, during, goes to sleep without ejecting semen, Baryt. c., Lyc.

Coitus, during, great general excitement, Taxus bacc.

Coitus, during, instead of semen discharge of blood, Canth.

Coitus, during, painful cramps in the calves; no emission of semen, Graph.

Coitus, during, penis becomes relaxed, Nux v.

Coitus, during, semen is not discharged, Cal. seg., Kali brom., Kali c., Graph., Lyc.

Coitus, during, semen is not discharged, painful cramps in the calves, Graph.

Coitus, during, semen is not discharged at all or too soon, Cal. seg.

Coitus, during, semen passess too late, or too quick, or power-

less, or without a thril, Calc. c.

Coitus, great inclination to, with nausea and vomiting after having satisfied it, Mosch.

Coitus, inclination to, several days, with frequent seminal emissions, Sarsap.

Coitus, indifferent to, at first, afterwards voluptuous inclination Borax.

Coitus, indifference or aversion to, Agn. c.

Coitus, insatiable rage for; priapism with violent erections, discharge of blood instead of semen, Canth.

Coitus, lascivious dreams of, disturbed; when awaking, erections and voluptuous thoughts, Silic.

Coitus, painful, urethra feels as if streched, Arg. nit.

Coitus without a thrill or voluptuous sensation, Agar. mus., Anacard., Arg. nit., Cal. seg., Calc. c.

Coitus without discharge of semen, Cal. seg., Kali brom., Kali carb.

Symptoms after coitus.

After coitus, anxious and restless all day, Sep.

After coitus, bruised feeling throughout the whole body, paralytic sensation in the right side of the head, Silic.

After coitus, burning in the urethra, Sulph. ac.

After coitus, burning in the orifices of the seminal canals in the urethra, during and after, Canth.

After coitus, burning pain in the back, in the morning, Magn. m.

After coitus, coldness of the legs, exhaustion, heat of the body and sweat all over, Graph.

After coitus, constant erections, violent, lasting, Sep.

After coitus, dullness of the head, Bar. c., Calc. c.

After coitus, immediately, general dry heat, with dislike to uncover, and dryness in the mouth, Nux v.

After coitus, great weakness and lassitude, with profuse night-sweats, occasionally with burning itching of the skin, Agar. mus.

After coitus, great weakness in the knees, ; anxious and restless all day, Sep.

After coitus, ill-humor, irritability, Silic.

After coitus, lassitude, Con. mac.

After coitus, lassitude the whole following day, Lyc.

After coitus, nausea and vomiting, Mosch.

After coitus, oppression of the chest, Staph., Taxus bacc.

After coitus, palpitation of the heart and increased circulation Amm. c.

After coitus, pain in the perineum, Alum.

After coitus, pollution, Nat. m., Kali carb.

After coitus, prepuce remains behind the glans, painful and swollen, Cal. s.

After coitus, roaring in the head, Carb. veg.

After coitus, stitches in the anus, Calc. c.

After coitus, sweat, Agar. mus., Nat. carb.

After coitus, trembling and great weakness in the legs, principally in the knees, also with nervous relaxation, discontent and irascibility, Calc. c.

After coitus, voluptuous dreams and pollution or weakness of the body, particularly of th eyes, Kali c,

After coitus, weakness, Agar. mus., Calc. c., Con. m., Kali c. Lyc., Selen., Sep.

After coitus, weakness, and great oppression of the chest, Taxus bacc.

Review.

Ague or intermittent fever by M. D. O'connell, M. D., M. C. H., L. M. Surgeon Major, Medical Staff, Calcutta Thacker Spink & Co., 1885.

Now a days we scarcely come accross with a really suggestive work from the pen of medical men belonging to Her Majesty's Army and Indian Medical Services. Dr. O'connell's little book should serve as a stimulus to his brother offiers in the path of original research. In this book Dr. O'connell has tried to prove that intermittent and remittent fevers are not dependent on the same cause, and according to him, should not be classed in the same catagory. We, however, hold views quite antagonistic to those of the author of this little treatise. We hold that Ague or intermittent and remittent fevers owe a common origin. The author has noticed, but did not explain, how remittent fever is seen to change into a quotidian intermittent and then into a tertian; what explanation with the author put forward about Ague or intermittent fever merging into remittent type?

In Part II. the author explains the cause of malaria to be hydraemia. He says that the meteorological conditions (heat and moisture) included under the term "malarial climate" are such as will, by preventing its excretion, lead to an intermittent excess of water in the blood. 2nd excess of water in the blood will cause (a) increase tissue metamorphosis (that is heat production) and (b), when it reaches a certain point, arrest evaporation, the natural cooling function of the skin, thus causing fever. If the increase of water is intermittent, so will be the fever. 3rd as a matter of fact, the water of the blood is known to be increased in fever. 4th The decline or arrest of a paroxysm of Ague invariably preceded or accompained by a copious excretion of water from the blood. 5th Excess of water into blood, especially if intermittent will produce (a) enlarged spleen (b) *Leucocy thæmia* (c) Pigmental deposits in organs. 6th. All treatment of ague is directed perhaps undesignedly, to reducing the quantity

of water in the blood. Dr. O'connell's explanations are no doubt ingenious but they do not stand to reason. The meteorological conditions of malarial climate have not been well ascer taind yet. Though during an epidemic of malaria, in many cases, the atmosphere is surcharged with moisture, still this condition is not a constant factor, on the other hand there are some probabilities that malarial poison (whatever it may be) generates in the soil. *Thomasi crudelli* and *Pettenkoffer* brought forward many proofs showing that the malarial poison emanates from the soil but all cases of malaira can not, however, be explained by this theory even. In fact the etiology of malaria, like that of cholera, is still involved in obscurity. Dr. O'conell has put the car before the horse, when in the 2nd place he says that excess of water in the blood is *the cause* of intermittent fever. We think our view is shared by the majority of the writers on malaria that hydraemia is rather the effect than the cause of a malarious fever.

In the 4th place, the author says that decline or arrest of a paroxysm of ague is *invariably* preceded or accompained by a copious excretion of water from the blood. Those who have watched a large number of cases of Ague will, no doubt, at once differ from this statement. It is true that on account of temporary congestion of kidneys, the urine is not secreted in ague, in large quantities but the decline or arrest of the ague fit is not invariably preceded or accompained by a copious secretion of urine. The author uses the word invariably to prove his pet theory of hydraemia of blood is the sole cause of ague, but will he explain how in some cases ague causes constant secretion of urine in large quantities from the very commencement of the attack? If hydraemia is the sole cause of fever and meterological conditions during the monsoon favor this condition in the human blood, will Dr. O'connel explain why few persons are attacked and the majority escape The author ingeniously explain that quotidian, and certain types are determined by more or less watery condition of blood. The author has failed, however, to give any proof of hydraemia of blood

during the season when malaria prevails. It is true that in rainy seasons, the excretory function of the skin decreases to a certain extent but again there is the activity of the renal secretion which the author has not taken into consideration. Again if humidity and the resultant hydræmia cause ague why then we find lots of cases of ague in summer and winter? We quite agree with Dr. Parker that "malarious fever, it is said, never attain their fullest epidemic spread unless the humidity approaches saturation." Here the words malarious climates should have been added. What explanation will Dr. O'Connel give about the immunity of hill-stations from malaria though such places, in point of humidity excel even most malarial climates?

Though we widely differ from Dr. O'Connel, but we do not hesitate to recommend his book to the profession at large, more specially, to Indian practitioners for valuable suggestions.

CHOLERA AND ITS PREVENTIVE AND CURATIVE TREATMENT *by D. N. Ray M. D. S. A. (London.)*

A. L. CHATTERTON PUBLISHING COMPANY *New York.*

THE MONTHLY HOMŒOPATHIC REVIEW. *(E. Gould & Son London.)*

HOMŒOPATHIC WORLD *(Homœopathic Publishing Company London.)*

THE MEDICAL COUNSELLOR *(M. C. Publishing Company Mich. United States, America.)*

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GRAM BARTA PRAKASIKA.

PATAKA.

HOMŒOPATHIC TRANSLATOR *(Dacca.)*

HOMŒOPATHIC CHIKITSHA.